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**The lived experience of veteran nurse educators teaching in
selected baccalaureate or higher degree programs in nursing: A
study of professional development**

Coleman, Janice Feemster, Ed.D.

The University of North Carolina at Greensboro, 1994

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THE LIVED EXPERIENCE OF VETERAN NURSE EDUCATORS
TEACHING IN SELECTED BACCALAUREATE OR HIGHER
DEGREE PROGRAMS IN NURSING: A STUDY OF
PROFESSIONAL DEVELOPMENT

by

Janice Feemster Coleman

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
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of the Requirements for the Degree
Doctor of Education

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Approved by

A handwritten signature in dark ink, appearing to read "Richard [unclear]", is written over a horizontal line.

Dissertation Advisor

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This inquiry examined the influence of changes in nursing education on the professional role development of veteran nurse educators in baccalaureate or higher degree programs in nursing. The perceptions and meanings held by nine successful women about their life experiences as teachers of nursing education in a southeastern university system were explored. Abraham Maslow's (1970) hierarchy of needs theory served as the theoretical basis to describe the extent to which the study participants had achieved personal and professional role development.

The method for interpreting the study participants' lived experiences as nurse educators was dialectical hermeneutics (Guba and Lincoln, 1989). Through the perceptual lens of a constructivist paradigm, an understanding of the multiple realities of the nurse professoriate within the traditional university disciplinary organization evolved. Through interpretive methodology, a dialectic emerged between need fulfillment challenges to professional role development and career path barriers for advancement within the academy.

Colaizzi's (1978) phenomenological analysis was used for the purpose of content analysis and synthesis of the

data which emerged from structured interviews with the participants. Four major categories emerged: (a) Discovering the nature of teaching: Making the transition from practitioner to nurse educator; (b) Developing a professional identity: Learning the rules of the game; (c) Learning how to balance the personal and professional self: Living comfortably with the self personally and professionally; and (d) Staying the course: A contemporary and futuristic perspective.

The themes which evolved from the study include: (a) perceptions of underpreparation; (b) ever-changing role expectations; (c) issues related to the feminist voice in a male-dominated academic climate; (d) curriculum trends in graduate preparation of nurse educators; and (e) faculty development as a necessary vehicle for role development of the nurse professoriate.

From the histories of the nine women in this study, persistence and perseverance were found to be the major personal qualities influencing their accomplishments and degrees of success as academicians. The findings of the study of the lived experience of exemplary, veteran nurse educators in university settings suggest important directions for the career development and upward mobility of contemporary and future nurse educators.

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APPROVAL PAGE

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CHAPTER I

INTRODUCTION

Researcher's Perspective

At the time this study was proposed, I had been in nursing education for seventeen years. During this time, I had the opportunity to witness dramatic shifts in the philosophical positions, beliefs, and values supporting nursing as a practice discipline. Central to the process of redefining nursing as a practice discipline were issues concerned with how and where nurses should be educated and who should educate them.

As we approach the end of the 20th century, the current trends and issues in nursing practice and in nursing education provide us a time to pause and take a reflective view of nursing education from the vantage point of successful nurse educators whose lives both personally and professionally were affected by the complex and dynamic changes in the discipline. Further, it seems to be a good time to study empirically the way successful nurses have developed and how they view the problems and selected aspects of nursing and nursing education.

Recent literature in nursing suggests that the complex sociocultural issues relevant to changing expectations in nursing education may not be well understood. As a

profession, nursing needs to understand better these complex contemporary issues and how these issues may affect the career paths of contemporary and future nurse teachers employed in colleges or university settings.

It has been a stimulating as well as a challenging process in learning about the experiences of successful nurse educators; I have had to learn how to experience the qualitative mode of thinking and interpreting the voices of these educators as well as my own. I found myself being drawn into a web of intrigue and discovery which heightened my sensibilities and consciousness to think in a sophisticated way about the complicated social issues which shaped the professional role development of the nurse educators who participated in this study. It seems fitting, then, that I begin my inquiry with an orientation to some of the complex sociocultural forces from which the changing landscapes of contemporary nursing practice and nursing education have evolved.

Changing Landscapes in Nursing Practice and Nursing Education: An Orientation

With movement of nursing education from hospital-based diploma schools to colleges and university settings, nursing has evolved from a discipline with a major emphasis on practice to a profession with knowledge base to support doctoral education and research (Forni & Welch, 1987; Forni, 1989; Gortner, 1991; Ratcliffe & Andresky, 1988).

Currently, faculty members are caught up in the changing expectations associated with this growing trend. Most nurse educators in colleges and university settings are prepared at the master's level (National League for Nursing [NLN], 1993) and must adjust to changes in the academic requirements for teaching, for educational preparation, and for advancement.

Until the 1980s when the push for a doctorate began in order to meet the guidelines of the university community for tenure, retention, and promotion, the master's degree was considered the terminal degree in nursing (Bueche', 1983; Fitzpatrick, 1991; Ketefian, 1991; Kitchens, 1985; Messmer, 1989; Murphy, 1985). The movement of nursing faculty onto university and college campuses brought along individuals with varying levels of qualifications. However, current nursing faculty standards are changing these levels of qualifications. The National League for Nursing (1993) reported that in 1984, approximately 77% of full-time faculty members at accredited baccalaureate programs in college and university settings held the master's degree as their highest credential; by 1988, 67%; by 1992, 58%. As we shall see, a fall in the percentage of master's prepared nursing faculty has been accompanied by a rise in the percentage of those with doctorates.

In many disciplines, the terminal degree that represents full admission to membership in the academic

community is the doctorate. Nursing education has recently joined those disciplines. Most advertisements for nursing faculty positions in four year colleges or universities now require a minimum of a "master's in nursing, doctorate preferred" (Bremner, Crutchfield, Kosowski, Perkins & Williams, 1990). For faculty in university or college settings in the 1980s and beyond, "the handwriting is on the wall"; to advance in one's academic career, one must have a doctorate. In 1984, 20% of full-time faculty members at accredited baccalaureate or higher degree programs held the doctorate as their highest credential; 32% in 1988; 41% in 1992 (NLN, 1993). However, recruitment of adequate numbers of doctorally prepared individuals to teach nursing is a persistent and problematic concern in nursing education (Anderson, Roth, & Palmer, 1985; NLN, 1993; Ratcliffe & Andresky, 1988; Princeton, 1992; Ryan & Irvine, 1994). Nursing leaders form a strong cadre of advocates for the doctorally prepared nurse educator, although they may not always agree on the form the doctorate should take (Cleland, 1976; Grace, 1983; Gortner, 1991; Holzemer, 1987; Moloney, 1986; Rogers, 1985; Snyder-Halpern, 1986).

At the same time that the push for doctorally prepared nurse educators has gained increasing emphasis in academic circles, nurse educators also have had to deal with the pressures of other changing trends and issues related to student enrollment dynamics, needs and interests. Recent

changes in student enrollment patterns include a decline in numbers of "generic" students, inadequate preparation of college-aged students admitted to nursing education, and an increase in numbers of nondegree registered nurses (R.N.s) and adult nontraditional students (NLN, 1993). Generic students are viewed as individuals who are first-time seekers of a college degree. Adult nontraditional students are either first career seekers or persons with a degree in one field seeking a new or complementary career through nursing (Peterson, 1983).

During the mid-1980s, nursing programs were experiencing declining generic baccalaureate student enrollments (Gioiella, 1987; Green, 1987; Grossman, Arnold, Sullivan, Cameron, & Munro, 1989). The American Association of Colleges of Nursing (1986) reported a 16.3% decline in full-time enrollment between Fall 1984 and 1986. However, a dramatic rebound in student enrollments in baccalaureate degree programs occurred following five years of unusually low enrollments in the nation's nursing education programs. Since 1989, there has been a sharp rise in the number of nursing school applicants (NLN, 1993). In the 1993 NLN Data Review Report, several reasons were given for this unexpected increase in the pool of nursing school applicants: (a) an increase in the number of older students and women; (b) an increase in the proportion of part-time students; (c) an increase in the number of male student

enrollees; and (d) improvement in salaries and working conditions in the workplace (p. 8).

Because of the increasing influx of part-time students and older students, the elements of human resource costs in terms of time and money are significant issues confronting nursing education in recent years. For example, more time is needed for the part-time student to complete the requirements for graduation. This lengthening of time may affect retention and graduation rates. The educational mobility of the older student is yet another example. Given the required investment in time and money and fewer working years in practice, the older graduate from nursing programs may not be motivated to pursue graduate education (NLN, 1993, p. 8).

While the increase in student enrollments has undoubtedly been a boon for baccalaureate nursing programs, significant numbers of qualified applicants are being turned away due to faculty shortages and limited financial resources. The tensions created by this complex interplay of faculty shortages and student surplus have far-reaching implications regarding the future of nursing education and nursing. Central to the problems associated with faculty shortages is the shortfall among the ranks of nurse educators, faculty members who are educated as teachers of nursing (Fitzpatrick & Heller, 1980; Princeton, 1992).

Yet, other urgent pressures have an impact on nursing education. Among the most urgent concerns is the issue of cultural diversity. While it is evident that the nation's institutions of higher education have become more heterogeneous over the past few years, nursing schools reportedly lag somewhat behind in their efforts to attract and retain members of a minority group (NLN, 1993, p. 8; Tucker-Allen, 1989). Tucker-Allen identified several persistent patterns associated with the scarcity of minority students in nursing programs: (a) minority students are not entering schools of nursing in numbers proportional to the general population; (b) a substantial number of students who are admitted to schools of nursing fail to enroll in such programs; and (c) a significant number of students who do enroll in nursing programs fail to graduate (p. 395). In terms of human resource costs, the losses incurred through minority student nurse attrition, as Tucker-Allen concludes, are multidimensional issues confronting contemporary nursing education.

Over the past decade, an increase in the number of academically underprepared students has been observed in nursing programs (Green, 1987). The presence of less academically talented students has created significant implications for curriculum planning and design as well as teaching/learning strategies. Additionally, admission of underprepared students increases other concerns regarding

attrition and graduation rates and student success on the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

Teachers of nursing education must deal not only with the various factors attributed to the changing trends in nursing education, but also with the personal and professional issues related to educational preparation and teaching effectiveness in class and clinical settings; role expectations related to socialization and professionalization; and stress and burnout related to faculty workload and bureaucratic dissonance. In this study, I will investigate the impact of these changing trends through the experiences of nurse educators. The study will reveal the influence of changes in nursing education on professional role development of selected veteran nurse educators in nursing baccalaureate or higher degree programs in nursing.

Purpose of the Study

The focus of the study is to illuminate the perceptions and meanings held by veteran nurse educators about personal and professional development within the sociocultural context of baccalaureate and graduate schools of nursing. Veteran nurse educators are those who have taught for at least 10 years. Given the changing nature of teaching nursing education, how then does the nurse who decides to become a teacher make the transition from professional

status as a practitioner to professional status as a teacher? How does he or she manage to blend the two images, the nurse as a practitioner and the nurse as a teacher, into a composite image which depicts the lived experience of teaching in the context of university schools of nursing? What is the personal meaning of becoming a teacher to the nurse educator? What is the ontological and epistemological construct of teaching nursing for these individuals? These questions will be posed as central to the inquiry into the nurse educator's professional development.

The literature abounds with studies about nursing practice, but there is scarcity of research on the preparation of nurse educators (Davis, Dearman, Swab, & Kitchens, 1992; Kitchens, 1985), and there is practically none at all about faculty development (Dunkley, 1990; Gilchrist, 1984). In view of these findings, the following assumptions are basic to this study:

1. While formal preparation for nurse educators (at the master's and doctoral levels) has escalated during the past 10 years, a large number of veteran nurse educators entered the professoriate with limited preparation for teaching (Davis, et al., 1992; Davis & Williams, 1985; Gilchrist, 1985; Kitchens, 1985; Werner, Brueggemeyer & Kenner, 1986; Williamson, 1983).
 2. Veteran nurse educators with limited formal training (i.e. teaching methodology, principles and theories of learning, etc.) generally teach as they were taught (deTornyay, 1982).
 3. Veteran nurse educators with limited formal preparation to teach have a harder time making the transition to the educator role. Socialization
-

for these teachers can be a painful process (Conway & Glass, 1978; Davis & Williams, 1985; Mauksch, 1982).

4. Many veteran nurse teachers entered the professoriate with strong practice orientations but weak teaching orientations (Bauchman, Kitchens, Halley, & Ellison, 1992; Chute, 1986; Davis & Williams, 1985; deTornyay, 1982; Lindell, 1988; Murphy, 1985).
5. The majority of nurse educators who could become participants in this study would be women.

Significance of the Study

In spite of limited preparation to function as teachers of nursing, many veteran teachers of nursing are perceived by colleagues and students alike as competent teachers. From these veteran teachers' perspective, how did such development take place? How did they become who they are in terms of attainment of personal and professional goals? We have much to learn from the stories of these persons' lives that could enhance the professional development of future nurse educators as they join the professoriate.

Framework for Analysis

Abraham Maslow's (1970) hierarchy of needs theory will serve as the theoretical basis for this study. I believe that veteran nurse educators who are perceived as competent teachers experience a development process that involves the fulfillment of personal and professional needs.

Maslow's theory provides a useful framework to describe the developmental needs and experiences of nurse teachers. The process of "becoming," Maslow posits, requires the

fulfillment of foundational needs and the availability of resources or support systems which empower the individual to reach his or her potential (p. 46). Nurse educators who strive to become all that they can be ... to reach their highest potential, face the inevitable challenges of fulfilling certain conditions that motivate them to achieve.

Maslow's (1970) theory of human needs is organized into five hierarchical categories of relative prepotency. According to his theory, basic human needs are interdependent and motivate human behavior. The need for self-actualization is the highest level of need, but this level of need cannot be fulfilled if the majority of lower needs are not fulfilled first. The basic human needs are summarized as follows:

Physiological or survival needs - include essentials such as food, water, housing, sleep, and clothing.

Security or safety needs - freedom from physical harm and fears involving loss of position, income, or property.

Affiliation or acceptance needs - for belonging, for association, for acceptance by others, for giving and receiving love and friendship.

Esteem needs - for self-confidence, prestige, status, recognition, and respect from others.

Self-actualization needs - for continued self-development, maximizing one's potential, being creative, and becoming all one is capable of becoming (pp. 35-46).

Maslow's identification of the psychological need for growth, development, and utilization of potential or self-

actualization is an important aspect of his theory of motivation. He concentrated much of his research on studying self-actualized individuals. "What a man can be, he must be" (p. 46). Maslow describes this need as "the desire to become more and more what one is, to become everything that one is capable of becoming" (p. 46). Maslow posits that the need for self-actualization generally emerges after a reasonable satisfaction of the affiliation and esteem needs.

Maslow's hierarchy of needs model can be used to describe the extent to which nurse educators achieve professional goals or aspirations. Fulfillment of these goals or aspirations are based on my interpretation of Maslow as applied to nursing education. First, nurse educators must fulfill the need to be competent in their field through a strong educational preparation. This first level of need or basic survival need is consistent with the attainment of basic physiological needs. According to Miller (1987, cited in Urbano & Jahns, 1988), from an educational perspective, survival needs may reflect the need to acquire knowledge and skills consistent with job acquisition or maintenance (p. 184).

Second, security as well as affiliation needs are fulfilled as nurse educators find their place in the world of academia through socialization to the role of nurse educator. Similarly, when socialization teaches individuals

what is expected, they are more apt to feel secure or safe and enjoy a sense of community by affiliation. Third, esteem needs, such as recognition of achievement from one's colleagues, can be gained as nurse educators increasingly exhibit the characteristics of their professional role. They have developed a sense of autonomy, self-confidence and status congruent with the standards or credentials which identify them as a member of a professional community.

In discussing the applicability of Maslow's needs theory as a conceptual framework for nurses' participation in continuing education, Urbano and Jahns (1988) analyzed several variables that play a significant role as motivators of behavior. One variable in particular, the degree of satisfaction that the individual feels about his or her current stage of professional development, provides a cautionary note that my study must consider. According to Urbano and Jahns, there are two perspectives from which the degree of satisfaction can be approached:

If the individual is able to meet needs for recognition, achievement and self-actualization within a given position, the degree of satisfaction may be high. Alternately, if Maslow's Hierarchy of Needs is accepted, a satisfied need is not a motivator. Therefore, if the individual does not aspire to a higher level position, the need for professional advancement would not be as motivating. Thus, dissatisfaction would serve as a motivator for behavior change. (p. 185)

This variable has important implications for the selection of participants for this study. For example, suppose one of

the subjects in the sample has a master's degree, is tenured at the rank of associate professor, and is entirely satisfied with his or her stage of professional development in terms of rank and job security. In this instance, the need for professional advancement (for example, getting a doctorate, or obtaining tenure and becoming a full professor) is not a motivator. Thus, the "motivator" variable must be taken into account when selecting participants.

A hierarchy of needs model for nurse educators, adapted from Maslow's (1970) and Douglas' (1984) model is illustrated in Figure 1. Douglas applied Maslow's hierarchy of needs model to members of an organizational structure. Douglas used Maslow's model to describe the level of self-actualization in terms of personal and professional goal attainment (pp. 77-78). The adapted model (Figure 1) will be used in my study to describe the apparent levels of needs fulfillment of selected nurse educators in terms of personal and professional goal attainment. The advantage of using Maslow's social model as a theoretical construct lies in its applicability to my inquiry which seeks to uncover new understandings, meaning, and insights into the lived experiences of nurse educators teaching in university settings.

Two Examples of Maslow's Hierarchy of Needs Model Applied to Nursing

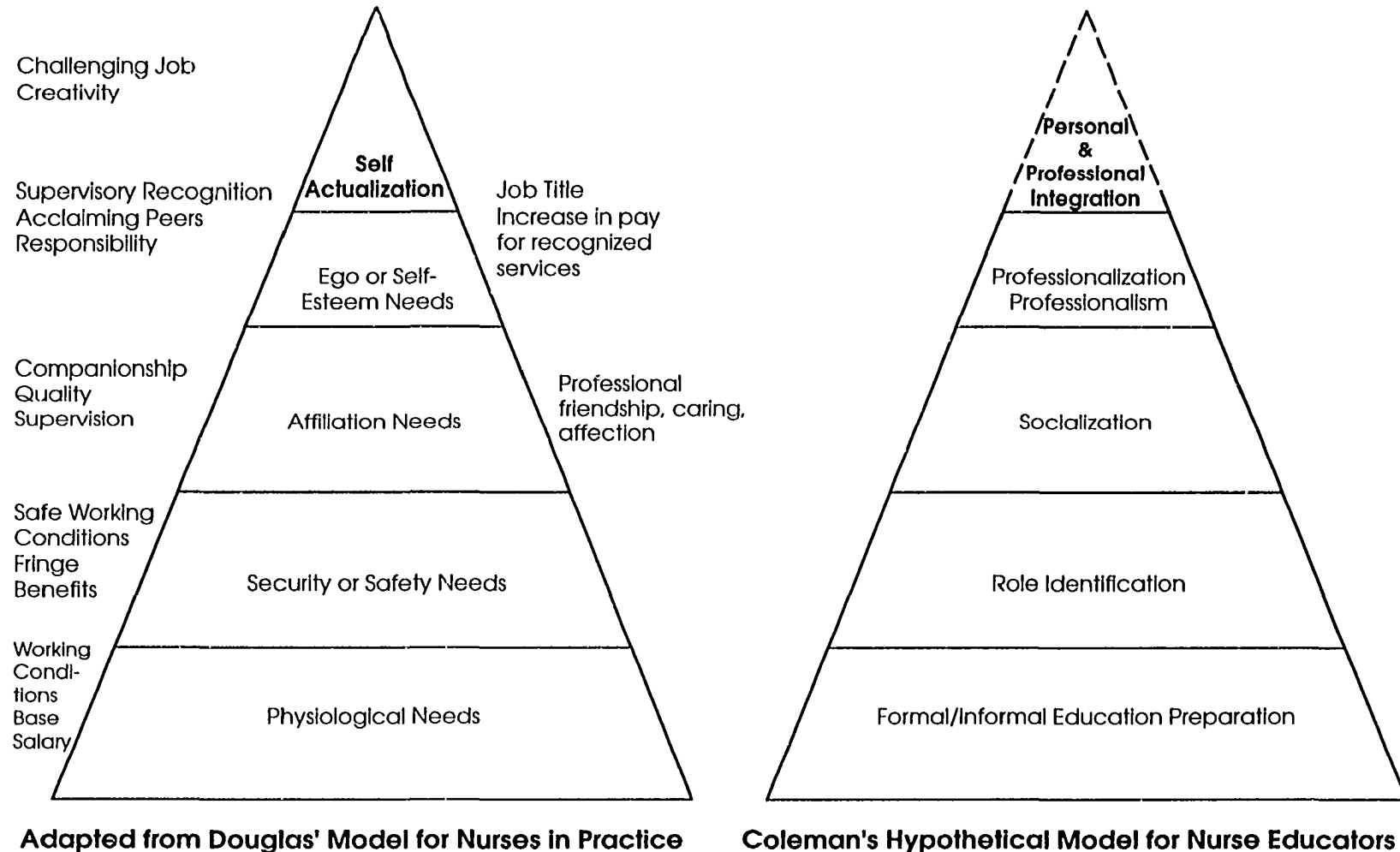


Figure 1

Research Questions

The following research questions will focus this study:

1. What lived experience do exemplary veteran teachers of nursing describe as contributing to their persistence and competencies as teachers?
2. What lived experience do exemplary veteran teachers of nursing describe as contributing to their professional development as nurse educators?
3. What impact has the changing expectations associated with nursing education in the college or university had on the personal and professional development of exemplary veteran nurse educators?

Definitions

For the purpose of this study, the following operational definitions will be utilized:

1. Lived experience - Day to day activities, interactions, routines, rituals, linguistic and/or symbolic expressions that provide meaning to the nurse educator's world as lived. Lived experience, in other words, represents the nurse educator's reality... his or her perceived world.
2. Veteran nurse educator - an individual who has taught at the baccalaureate level or baccalaureate-graduate level for ten or more years.
3. Competent teacher - a teacher who possesses sound theoretical knowledge about the nature of nursing and nursing practice in his or her clinical specialty (i.e. maternal health, adult health, child health); who can transmit this knowledge effectively in classroom and clinical settings and who possesses effective interpersonal and communication skills.
4. Professional development - the process of enculturation to the roles, values, norms or standards which define an individual's professional orientation. Role identification and socialization are considered inherent processes in professional development.

5. Professionalization - the extent to which the characteristics of the learned, ideal professions, such as law and medicine, have been acquired by members of an occupation. It is a dynamic process in which groups move in the direction of a profession as they develop more professional characteristics (Vollmer & Mills, 1984, pp. 11-12).

Summary

Over the past 25-30 years, the role of the nurse educator in the academy has been evolving steadily. It is the goal of this study to report the nature of these role changes through the educational autobiographies of exemplary women nurse educators. The review of literature in Chapter II will focus on the complex sociocultural dynamics which have influenced the professional development of college and university faculty members in schools of nursing.

CHAPTER II

REVIEW OF LITERATURE

Researcher's Perspective

The nursing literature abounds with information on the preparation or development of nurse practitioners, yet very little focuses on the development or preparation of nurse educators (Davis & Williams, 1985; Fitzpatrick & Heller, 1980; Gilchrist, 1984; Kitchens, 1985). More specifically, there is little empirical evidence that describes the process by that nurse educators grow and develop as teachers of nursing. Further, there is absent from available literature and research a structural description that uncovers the personal meaning of the experience of adjusting to changes in nursing education on the professional development of exemplary veteran nurse teachers in baccalaureate or higher degree programs in nursing.

A review of related literature reveals a concentration of information that addresses changing trends and problematic issues in nursing academia (Bullough & Bullough, 1983; Donohue, 1986; Ellis & Hartley, 1984; Fitzpatrick, 1991; Grace, 1989; Moloney, 1986; Newman, 1990; Peterson, 1983; Williamson, 1983). Essentially, parallel issues between nursing practice and nursing academia are described. Most relevant to this study are trends and issues that have

an impact on the professional development of nurses and nurse educators and include educational preparation and socialization to roles inherent in the process of developing a professional identity. Nurse educators, like nurse practitioners, continue to be characterized as "second class" citizens in the community of professional occupations (Bullough & Bullough, 1983; Pisani, 1983; Seigle, 1984; Williamson, 1983). Teachers of nursing, the majority of whom are women, were first of all practitioners before becoming educators. Because nursing is a female-dominated occupation, a large percentage of nurses, long socialized into roles controlled by the male-dominated medical profession and/or hospital administrators, did not have a cohesive unifying voice for women or nursing. The pattern is familiar when one notes that the lack of power and status for women as a whole in our society has been well documented (Belenky, Clinchy, Goldberger & Tarule, 1986; Gilligan, 1979; Gray, 1982; Grissum & Spengler, 1976; Kriteck & Glass, 1978; Moloney, 1986).

The combination of women's issues and issues relevant to nursing and nursing education, has resulted in a reproduction of the status quo: low status and low pay, (NLN, 1993) and questionable socialization and professional identity. Nurse educators, as well as their nursing practice counterparts, have emerged into the nineties still struggling for identity, autonomy, and professional status

(Aydelotte, 1983; Bullough & Bullough, 1983; Cohen, 1981; Fitzpatrick, 1991; Forni & Welch, 1987; Jutras, 1988; Messmer, 1989; Williams & Blackburn, 1988). Williamson (1983) observed, "Even though the major part of nursing education is centered in academia, after 50 years or so it is still considered by many, a neophyte" [discipline] (p. 46). This characterization of nursing education as a neophyte discipline, Williamson argued, occurs because many nursing programs continue to violate the academic standards and culture long established in academic circles. The master's degree, for example, is the degree held by a majority of nursing faculty members. Yet, the doctorate is the necessary educational preparation needed to gain access to resources that permit scholarly development. For it is doctoral education which provides the individual opportunities to begin the process of socialization into the community of scholars. Given the short supply of doctorally prepared nurse educators, nursing administrators are forced to employ master's prepared nursing faculty, many of whom lack the basic skills that enable them to become legitimate scholars (Bachman, Kitchens, Halley & Ellison, 1992; Perry, 1982).

For this reason, according to Williamson (1983), nursing is almost invariably placed outside the mainstream of academia and relegated to a position with little power. It is not unusual to find nurses with master's degrees and

minimal or no research activities appointed to university committees along with scholars from other disciplines who meet the standards of the academic community, Williamson (1983) points out. And, in her view, these nurse faculty members are not among equals and, therefore, not qualified to be there. Criticism from faculty members of other disciplines, she maintains, is justified (p. 66).

To facilitate the construction of how veteran nurse educators interpret the process by which they have grown and developed personally and professionally in the face of competing demands associated with teaching in college or university settings, I will use the concepts identified in the theoretical model found in the introductory chapter as a framework for the literature review. A review of the literature will address the following topics: (a) Changes in the formal preparation of nurse educators; (b) Role expectations of nurse educators; (c) Socialization of nurse educators; and (d) Professionalization of nurse educators. Subsumed in the major topics are the issues of gender, autonomy, affiliation, and community.

Changes in the Formal Preparation of Nurse Educators

The Problems of Rapid Disciplinary Growth

Probably the most pressing turmoil in academia stems from the continuing controversy concerning the educational preparation of nurse educators in baccalaureate and higher degree programs in nursing. Seigle (1984) points out that

"Tappan's law requires a teacher to have completed the next level immediately above that which she teaches" (p. 115). In nursing education this rule generally holds true for all but the graduate level. Bremner, et al. (1990) reported in their study that the majority of faculty holding doctorates teach in graduate programs. Just over 40% of all nurse educators hold the doctorate (NLN, 1993).

The lack of congruence with the standards and credentials of faculty in other disciplines in the parent institution remains a problem of academicians in nursing. The basic credential for a faculty position in baccalaureate and graduate programs in other disciplines is a doctoral degree; indeed, this degree is a necessary requirement for tenure, for professional rank, and for teaching at the graduate level. In defense of the current status of prepared nurse educators, one can argue that there are not enough nurses with doctorates. Therefore, individuals with less formal degree preparation must be utilized.

Faculty in many programs during the 1960s and 1970s came into nursing education from the clinical arena and therefore had little, if any, formal instruction in the pedagogical aspects of teaching. According to some, this core of professional nurse educators literally "taught as they were taught" (de Tornyay, 1982). While on-the-job-training may suffice for some occupations, the consequences in an occupation such as teaching may be quite serious, for

it is the students who inevitably will "suffer" in a system that allows ill-prepared educators to teach uncritically. Lowman (1984) makes a strong case for the necessity of recruiting well-prepared teachers in any educational setting: "while it is true that many instructors have developed excellent skills on the job without formal training or consultation during their initial teaching experience, many others have never developed the competencies they might have achieved with appropriate instruction" (p. 222).

Graduate education in nursing, particularly at the master's level, gained momentum during the 1960s and rapidly expanded during the 1970s. The focus of the early master's programs in nursing during the 1950s and 1960s shifted from a major emphasis on functional preparation in teaching and administration to an almost exclusive emphasis on clinical specialization by the 1970s. The move toward clinical specialization rather than functional preparation in master's degree programs stemmed from two landmark initiatives established by the NLN's 1968 Characteristics of Graduate Education in Nursing and the ANA's 1969 Statement on Graduation Education in Nursing (Kitchens, 1985; Princeton, 1992). These professional organizations issued directives that graduate education at the master's level should prepare its graduates to improve nursing care through

the advancement of nursing theory and practice, i.e., clinical specialization.

Given the large number of accredited master's programs in nursing, some critics (Bachman, et al., 1992; Elliott, 1987; Grace, 1983; May & Holzemer, 1985; Williamson, 1983) contend that contemporary nursing education lacks a clear focus regarding its purpose, content or its product. They point out, for example, that degree titles vary from masters of science; to master of nursing; to master of arts. Graduate titles from these programs range from, "clinical specialists", "clinician", and "practitioner", to administrator", "educator", and "researcher". Kitchens (1985) observed in her study that the majority of master's program curriculum she surveyed tended to focus primarily on clinical specialization with the inclusion of functional role preparation for teaching as an added-on or secondary function. Bachman's et al. (1992) study of the learning needs of nurse educators and Princeton's (1992) comments on the educational preparation of contemporary graduates of nursing education programs support Kitchens' earlier findings.

In summarizing the views of many leaders, one could say that nurse educators have yet to develop a clear position which best determines what the purpose, content and products of master's degree programs should be. Perhaps as Fitzpatrick (1991) contends, this longstanding debate stems

from a lack of consensus about what constitutes "professional" education in nursing in general (p. 172). Less than 50% of NLN-accredited master's degree programs in nursing offer nursing education as an area of study (NLN, 1993). Thus, teachers of nursing with graduate preparation at the master's level may enter academia with either a "clinical" orientation or a "functional teaching" orientation. The problem confronting nurse educators is that some may be competent in clinical skills; i.e., the "clinical specialist", but deficient in classroom or clinical teaching skills. Conversely, some may be competent in classroom or clinical teaching, yet deficient in clinical competences/skills. De Tornyay (1982) offers critical assessment of the preparation of today's nursing educators to assume the functional role of teaching in class and clinical settings:

As the knowledge base for nursing has expanded tremendously in the past few years, graduate programs in nursing have tended to decrease preparation in the "functional area" of teaching. Therefore, the teacher of nursing may well enter a teaching career with neither the prerequisite trail of [clinical] competence nor the experience with the tools for teaching.
(Preface IX)

However, in terms of accountability, the nurse educator must be well-prepared to function competently in class and in clinical settings.

The Challenge of Clinical Teaching

One of the most problem-laden aspects of teaching nursing, as is true of other practiced-oriented professions, is clinical teaching. Finding no evidence in the literature on nurse educators' perceptions regarding their educational preparation for clinical teaching and possible reasons for ineffective performance, Karuhije (1986) developed an exploratory survey to test Carpenito and Duesphol's (1980) assumption that..."most graduate programs do not provide basic information on clinical instruction" (p. 137).

Karuhije (1986) surveyed 211 nurse educators who voluntarily participated in her study. The questionnaire that she developed focused on three issues: (a) whether nurse educators agreed or disagreed with Carpenito and Duesphol's stated assumption; (b) the type of basic content desired if they agreed; and (c) if they disagreed, to indicate the basic content acquired in their graduate program believed to be useful to their effectiveness as a clinical instructor. Karuhije found that the overwhelming majority of participants (75%) agreed that their graduate education did not adequately prepare them to function as effective teachers in a clinical laboratory. Karuhije concluded that there is a need for graduate programs in nursing education to redefine or restructure curricula so that their product (graduates) emerge with effective teaching skills. Because the literature suggests that many

nurse educators enter the teaching profession as practitioners with no formal preparation in teaching, Karuhije's study highlights the point that expertise in the practitioners' role does not ensure expertise in either clinical or classroom teaching or both.

The diversity in program purpose, content and products extends to graduate preparation at the doctoral level as well. Contemporary nursing administrators, actively seeking doctorally prepared faculty, will find candidates coming from three types of doctoral programs: The Doctor of Philosophy (Ph.D.), a research degree; the Doctor of Nursing Science (D.N.S. or D.N.Sc.) or the Doctor of Science in Nursing (D.S.N.), a professional degree; and the Doctor of Education (Ed.D.), an applied research degree in the generic area of education (Meleis, 1988; Snyder-Halpern, 1986).

Snyder-Halpern (1986) examined curricular similarities and differences between research-oriented (Ph.D.) and professional-oriented (D.N.S., D.S.N., D.N.Sc.) programs. A content analysis of questionnaire data indicated that more curricular similarities than differences existed between the two program types. Curricular design variables reflected the most differences in the areas of program purpose and objectives (pp. 361-363).

The Ph.D. has traditionally been the most valued of the three degrees because of the established tie to scientific and academic communities. There is one group of nurse

educators who argue that the terminal degree in nursing education should be the Doctor of Science in Nursing. Andreoli and Musser (1984), for example, believe that nursing should embrace the health science model that other health professionals use rather than the graduate education model. The M.D. and D.D.S., they point out, are clinical practice or professional degrees.

Thus, the dilemmas and directions surrounding the formal preparation of nurse educators to teach in baccalaureate and higher degree programs in nursing continues. Nursing education, in attempting to gain professional recognition by moving out of the hospital settings and into the academic mainstream, has been caught up in the struggle to secure a position of equality, a sense of worth, and a measure of respectability. Because the doctorate is the hallmark of academic certification in seats of higher learning, the changing expectation for nursing faculty to hold the doctorate is gaining momentum. What remains problematic, the literature suggests, is the tension created for individual faculty members. Administrative officials in university and college nursing programs continue to waive requirement of the doctorate for tenure, promotion, and teaching, particularly at the undergraduate level in order to meet the need for more baccalaureate prepared nurses. One questions whether or not these hiring practices serve the best interest of faculty development.

One of the premises of this study is that many master's prepared veteran nurse educators are perceived to be competent teachers. Some hold the rank of associate professor and are tenured, some hold the rank of full-professor and are tenured. With the growing pressure for attainment of the doctorate as a hallmark of academic legitimacy, some veteran nurse educators, feeling the need to grow and be "all that one can be", may be motivated to obtain the doctorate, while others, satisfied with "the status quo", may not be motivated to seek a higher degree. It is within the context of baccalaureate or higher degree nursing programs that this study will seek to uncover the meanings veteran nurse educators attach to the relationship between teaching effectiveness, formal educational preparation, and a sense of professional worth.

Role Expectations of Nurse Educators

Given the ambiguities and contradictions regarding the preparation of nurse educators, it is not difficult to discern the growing tensions concerning the nurse educator's role.

In the early period of nursing in the United States, the role of teacher and practitioner was combined since teachers were also head nurses on the various nursing units. Occasionally, senior students or new graduates were assigned head nurse responsibilities, which included teaching functions; neither had any teaching experience. "The

ability to do was equated with the ability to teach" (Christy, 1980, p. 493). As nursing education moved into institutions of higher learning, teachers of nursing began to perceive their roles primarily as transmitters of knowledge (educators) more so than the teaching of skills (practitioners) which dominated the apprentice-like milieu of diploma programs (Algase, 1986; Fitzpatrick & Heller, 1980; Flynn, 1979; Moloney, 1986). By the 1990s a growing concern was the impact of the separation of the teachers of nursing from the practice of nursing service. Carter (1987) contends that nurse educators who fail to maintain clinical skills lack the attributes of a competent educator, that is, an expert clinician as well as an expert scholar and teacher. Therefore, he reasons, faculty practice is a necessary component of the nurse educator's role. Otherwise he cautions, there may really be an element of truth in the old saw "those that can't practice, teach" (p. 131).

The issue of faculty practice, though controversial, has emerged as a hot debate within academic circles. In recent years, nursing faculty have been pressured to engage in practice, that is, to keep clinical knowledge and skills current and fine-tuned by actively securing in their specialty areas, "hands on" work experiences which go beyond the performance skills associated with their clinical teaching assignments (Copp, 1987; McClure, 1987; Millonig, 1986). Concerns are being voiced more frequently about the

clinical competencies of nurse faculty and the need for appropriate faculty role models as practitioners of nursing (Algase, 1986; Carter, 1987; Hodgman, 1991; Mauksch, 1982). Opponents of this issue argue that heavy teaching loads, responsibility for clinical supervision, numerous university and school of nursing committee involvements, participation in grant writing, curriculum studies, along with professional responsibilities at local, state, and national levels, have allowed little time for practice (Algase, 1986; Moloney, 1986). Additionally, the demands of tenure and promotion criteria, especially requirements for research and publication expectations for faculty, compound the unpopular implications of practice (Herr, 1989; Moloney, 1986; O'Shea, 1986).

Copp (1985), citing from Mauksch and Styles' (1982) work titled "From Nurse to Nurse Educator: The Socialization of Nurses into the Faculty Role", suggests that the problem in transition from practitioner to nurse educator lies in the fact that "as nurses we may come to the faculty role as employees--still viewing our work as a job with designated hours and a hierarchical mind set. This orientation does not serve nurse educators or clients well, but it also leads to inappropriate socialization of the learners in our charge" (p. 317).

Infante (1986) shares a similar view concerning the conflicting roles of nurse practitioners and nurse educators:

The transition from that of practicing nurse to nurse educator is not an easy one. The nurse educator exchanges the role of caregiver for that of a facilitator of learning. In the former role, the nurse may be extremely knowledgeable, but knowing the subject matter does not necessarily make the individual an effective transmitter of knowledge...A clinical nurse usually assumes her teaching responsibilities with a strong emotional tie to the practitioner role. As a result clinical competencies and expertise are altered. (p. 94)

The role of the nurse educator is multifaceted. Mauksch and Styles (1982), in their classic treatise on socialization of nurse faculty, characterize the faculty role not as a single component, but as having the components of (a) teacher, (b) clinician--engaging in practice, (c) scholar-researcher, writer, creator of ideas (d) counselor-provider of guidance, and (e) consultant. Most important, the authors elaborate, is recognition that "each of these role components require separate and distinct preparation, competencies and commitment" (p. 24).

Trying to meet various role expectations has become problematic for nurse educators. In the world of academia, nurse teachers are subjected to the usual academic pressures, productivity demands and promotion and tenure requirements--as their academic colleagues (Conway & Glass, 1978; Frye, 1975; Messmer, 1991; Williamson, 1972).

Invariably, nurse educators must contend on a day to day basis, with the possibility of academic fallout attributed to stress and burnout as they struggle to fulfill the educator role.

Recent studies concerning the sources of stress in nursing faculty have been reported by Chute and Oechsle (1986); Dick (1986); Fong (1990) and Hinds, Burgess, Leon, McCormick & Svetich (1985). Using a card-sort methodology, Hinds, et al. (1985) found multiple stressors existing within the role of nursing faculty in a baccalaureate program. Four categories of stressors were identified: stressors related to academia, administration, clinical settings, and the classroom.

In a related study, Chute and Oechsle (1986) used survey methodology to examine faculty and hospital staff's perceptions of the nursing faculty's role. The investigators tested the hypothesis that there would be a significant difference between faculty and staff nurses' perceptions of the nurse educator's role. They found dramatic discrepancies between faculty and staff perceptions of faculty role both in the area of practice and teaching.

Dick (1986) conducted a descriptive-correlation study to investigate the level of burnout among nurse faculty in the collegiate school of nursing and its relationship to management behavior of the dean, collegial support, and faculty workload. Using the Maslach Burnout Inventory to

measure faculty burnout, Dick found significant negative relationship between burnout and collegial support, participative management style and positive feedback by the dean. Significant positive relationships were found between burnout and arbitrary punitive feedback by the dean. No significant relationships were found between burnout and faculty workload. Dick's findings indicate that collegial support, positive feedback from the dean, and a participatory management style are more crucial in safeguarding nurse faculty from burnout than attention to workload (pp. 252-259).

In a similar study, Fong (1990) used survey methodology (a four-part questionnaire) followed by in-depth interviews to examine the relationship between role overload, social support, and burnout among nursing educators. The findings indicated that a demanding job was the most important predictor of the emotional exhaustion associated with burnout. Furthermore, she determined that the "degree of support from one's chairperson and peers correlated significantly and negatively with almost all aspects of burnout (p. 102). Fong's findings regarding the extent of faculty workload and the degree of social support as they relate to burnout, differed significantly from Dick's findings. For example, social support, Fong determined, "did not serve as a buffer against the negative effects of overload on burnout" (p. 102).

To summarize, a review of recent literature suggests that a precise definition which would clarify the nurse educator's role remains elusive. Inherent in the process of role clarification is the individual's ability to identify and contend with intrinsic and extrinsic factors within the social and cultural context of the educational setting which may emerge as sources of role stress, strain and conflict. In light of the changing expectations that have an impact on nursing education, veteran nurse educators must necessarily make adjustments which influence their conceptualization of the educator's role. Copp (1985) captures the picture so well in her commentary on the role expectations of nurse faculty. "The process of socialization into the role of professor in an academic setting is gradual--it may be a life's work...it requires inner work that can be done by no one else. It is a process of responding to that which is without--students, administrators, clients, colleagues" (p. 259).

In this study I will seek to reconstruct the nurse teacher's perception of the socio-cultural expectations associated with the nurse educator's role and how individual and significant others' responses to these cultural expectations contribute to the creation of his or her personal and professional development.

Socialization of Nurse Educators

Inkles (1969) refers to socialization as "the process whereby individuals acquire the personal system properties, the knowledge and skills, attitudes, values, needs and motivation, cognitive, affective and cognitive patterns, which shape their adaptation to the physical and sociocultural setting in which they live" (pp. 615-616). Zigler and Child (1973) view socialization "as a broad term for the whole process by which an individual develops through transaction with other people, his specific pattern of socially relevant behavior and experience" (p. 36). As Conway and Glass (1978) succinctly put it, "socialization involves internalizing the norms and values appropriate to actualizing a role" (p. 425).

Copp (1985) speaks of socialization into the world of academia as a gradual process--one which may become a life's work. Conway and Glass (1978) perceive the socializing process as necessary for survival in the academic world. These authors' contention in part, captures the tone of Copp's message...the struggle is without students, administrators, clients, and colleagues (p. 259). Not unlike beginning nurses who experience reality shock (Kramer, 1974) when being socialized to hospital settings, nurse educators, too, must learn how to "weather the storms" of transition from hospital life to academia (Locasto & Kochaneck, 1989; Werner, et al., 1986).

Conway and Glass (1978) identify three variables which they contend affect the socialization process of nurse educators. The first consideration is the nature of the organization. Novice faculty members must learn to carve their own niche as they adapt to organizational constraints. New members do this by defining their own roles while at the same time determining how roles fit into the organizational structure. The second consideration is the extent to which the organization's goals and the member's goals are congruent. Problems occur when incongruencies surface. For example, in situations where the all-university body which grants promotion or tenure does not equate teaching and/or clinical practice with scholarly achievement, the faculty member who devotes a considerable amount of time to teaching and/or clinical practice might be at a disadvantage when promotion and tenure decisions are made. Illuminating this view, Messmer (1989) found, in her study of factors involving tenure decisions in schools of nursing, that the majority of deans in her study ranked exceptional teaching performance as the number one criterion for the attainment of tenure for nursing faculty. This is a specific example of organizational incongruence between the greater cultural and subcultural domains in a university setting. The third factor to be considered is objective reality: the set of norms and values that novice nurse faculty members discover as they seek to actualize their roles. For example, in the

ideal world all faculty are regarded as peers--each individual's opinion is valued as much as any other's. In the objective political reality, however, the opinions of "junior" faculty are not valued as much as the opinions of "senior" faculty (Conway & Glass, 1978).

Conway and Glass (1978) caution that in the case of a novice faculty member, his or her socialization experience in graduate school or clinical service settings more than likely provided him or her with a value and reward system different from that which exists in the academic setting. Sharing similar views, Batey (1969) and Ketefian (1991) contend that graduate education does not provide sufficient opportunities to acquire values and behaviors associated with the role of university professor. In the clinical setting, nurse practitioners are rewarded for conformity rather than creativity; status and position are acquired by having authority delegated to them in the organizational hierarchy. Conversely, the professional value system of the university is such that faculty are rewarded for expertise in a traditional cognate subject and status positions are acknowledged by the professional group rather than by some authority figure in the hierarchy.

To summarize, socialization to the educator's role as Copp (1985) pointed out, is a gradual process which may require for many a life time investment. For veteran nurse educators, socialization may be perceived as particularly

difficult because many entered the teaching profession as nurse clinicians with little or no formal preparation to attend not only to the pedagogical aspects of their career, but also to those codes of behaviors which prepare nurse educators toward actualizing their role expectations. An inherent feature of the socialization process is the emergence of the nurse educator's professional identity which I will be investigating in this study.

Professionalization of Nurse Educators

There is limited information in the literature which specifically addresses the professional development of nurse educators. However, the literature does suggest that professionalization or professional identity emerges as a result of formal education preparation, and socialization to one's role within the sociocultural context of the individual's professional occupation. One of the goals of this study is to reconstruct veteran nurse educators' perceptions of factors which contributed to their professional development or professional identity.

Studies on professionalism tend to formulate conceptual frameworks that delineate professionals from non-professionals (Etzioni, 1969). While there is a large body of such definitions, they share similar recurring themes. Succinctly put, all professionals seem to possess: (a) systematic theory, (b) authority, (c) community sanction,

(d) ethical codes, and (e) a "culture" (Greenwood, 1984, p. 45).

With the movement of nursing education from hospital settings to university settings, nurse educators have access to similar benefits accorded the members of the professional academic community. However, nurse educators have been accused by their collegiate counterparts in other disciplines of violating the requirements set forth to work in a professional academic climate. The issues of doctoral preparation as well as scholarly productivity as a necessary credential for tenure, rank, and promotion remain a source of tension for nurse educators (Anderson, Roth, & Palmer, 1985; Messmer, 1989; Symanski, 1993; Wakefield-Fisher, 1987; Williamson, 1983).

The issue of teaching competency, educational preparation and its relationship to professional attitudes has been reviewed in recent literature. One of the assumptions basic to my study is that nurses are motivated to fulfill the need to be competent teachers through a strong educational preparation. This need is viewed as one way of actualizing one's professional identity. The following study from the literature highlights this point.

Schriner and Harris (1984) investigated the relationship of educational preparation of faculty to their attitude on professionalism. Hall's 25-item Professional Scale was used to measure the dependent variables of

autonomy, use of the professional organization as a major referrant, belief in the public service nature of nursing, belief in self-regulation and sense of corollary to the field, and the independent variable educational preparation of the nursing faculty member. The researchers found few significant differences among nurse educators when grouped according to the highest level of education. However, mean scores on the attitudinal components of professionalism demonstrated a consistent pattern linking higher educational preparation to higher attitudes on professionalism.

Seigle's (1984) analysis of professionalism among nurse educators offers yet another perspective. Her analysis of the nurse educator as a professional was based on the six characteristics of an American profession which Abraham Flexner originally formulated in 1910. She concludes that "the developing profession of the nurse educator is speeding toward completion" (p. 116). Some reasons given for this judgement follow:

1. As nursing continues to embrace the professional role through the encouragement of the 1985 proposal with the baccalaureate degree as the entry level to practice professional nursing...As the status of nursing rises, so will the status of the nurse educator.
 2. As more nursing curricula reside in university settings, the quality of educational preparation will improve at all levels of higher education.
 3. The increasing number of doctorally-prepared nurses will soon reach the critical mass when momentum will thrust nurse educators to full professional
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development. The number of clinical doctorates as well as other doctorally prepared nurses is rising steadily.

Seigle's analysis supports one of the premises of the present study that educational preparation, particularly at the doctoral level, is essential for nurse educators to obtain professional status, recognition and achievement in the traditional academic setting.

To summarize, the professional development of nurse educators has evolved as a rigorous, zig-zagged course replete with hills and valleys. At this time, few would join the ranks of those who would say "nurse educators, as professionals--you have truly arrived". Similar to their nurse practitioner counterparts, nurse educators lack consensus concerning their status as a profession. One major source of ambiguity may be attributed to the nagging dilemma among professional programs which prepare educators. The most vocal criticism is that existing graduate programs in nursing lack cohesiveness and clarity in defining purposes and products. In spite of the existence of accreditation criteria, there is widespread diversity among programs which prepare nurses at the doctoral level. The same criticism has been applied to master's programs. Educators do not agree that the Ph.D. or academic model exemplifies professional ideals best. Some support the D.N.S/D.S.N/ D.N.Sc. or professional model.

Confounding the major source of divisiveness or disunity among nurse educators are issues related to socialization of nurse educators to their role and profession within the academic milieu. Faculty members desiring to remain in academe are forced to re-evaluate their credentials and take affirmative actions to improve their status. A doctorate is prized as a respected credential in academia and acknowledged as a source of power for faculty. Nursing's low power position in collegiate settings is often attributed to lack of adequate educational preparation, research, and scholarship of its nurse faculty members. One feature in particular which sustains nursing's low power position in collegiate and university settings is the prevalence of a lower proportion of tenured nursing faculty as compared with tenured faculty in the university at large (Messmer, 1989). For these reasons, many of the salient features which distinguish a profession and assure growth within the university remain an elusive puzzle for many nurse educators.

Kriteck (1986) expressed the serious need for faculty members to assume greater responsibility for their professional role as educators in the following comment:

Nursing faculty...need to consciously and deliberately choose academic maturity as their contribution to professionalization. This involves assuming responsibility for the school's academic enterprise and an active role in the total campus enterprise...unless we can demonstrate professional behaviors, students

will go elsewhere, and resources will be garnered by politically active faculty from other units...I believe Deans have a right and responsibility to demand... academic professionalism from their faculties. (cited in Moloney, 1986, p. 166)

In view of the issues and trends discussed in the literature, in my study I will seek to reconstruct the personal meaning of the experience of exemplary veteran nurse educators in growing and developing professionally within the sociocultural context of university programs in nursing. The search of the literature has shown a marked absence of contemporary, contextual, theoretically-based constructs which address the human experience of developing professionally as a veteran nurse educator in a college or university. Chapter III will explain how I intend to present research which addresses this lack of information.

CHAPTER III

METHODOLOGY

The nonlinear method of dialectical hermeneutics was chosen to learn about the personal and professional role development experiences of veteran teachers of nursing. Using this methodology I sought to illuminate the following research questions:

1. What lived experiences do exemplary veteran teachers of nursing describe as contributing to their competencies and persistence as teachers?
2. What lived experiences do exemplary veteran teachers of nursing describe as contributing to their professional development as nurse educators?
3. What impact have the changing expectations associated with nursing education in the college or university had on the personal and professional development of exemplary veteran nurse educators?

Dialectical hermeneutics resonates with a constructivist paradigm or belief system as explained by Guba and Lincoln (1989). Guba and Lincoln contend that a constructivist paradigm guiding research design and methodology is antithetical to the conventional or positivist paradigm as viewed by the "realist's" ontological, epistemological and methodological stance. In their book FOURTH GENERATION EVALUATION (see especially Chapter 3), Guba and Lincoln provide thought-provoking, yet practical insights into the contrasting differences between

the conventional and constructivist paradigm in research. The writers argue that the hermeneutical inquiry process is best served by utilizing the constructivist paradigm because this paradigm provides the "best fit" whenever it is human inquiry that is being considered (p. 82).

Advocates of the conventional paradigm base their realist ontological position on the assertion that there exists an objective reality that is independent of a researcher's interest in it. This reality is determined by immutable natural laws which take cause-effect form, that ultimately may allow one to predict and to control behavior. "Truth" as defined by conventional advocates is any assertion that is isomorphic to reality (Guba & Lincoln, 1989).

Advocates of the constructivist paradigm base their relativist ontological position on the assertion that there exists multiple, socially constructed realities that are not determined by immutable natural laws. "Truth" emerges as an assertion of the "best informed (amount and quality of information) and most sophisticated (power with which the information is understood and used) construction on which there is consensus" (Guba & Lincoln, 1989, p. 84).

Positivist or conventional advocates base their dualist-objectivist epistemological position on the assertion that a requirement of the observer is to maintain an objective (external) posture or dualism with the

phenomenon being studied. It is imperative that the observer remain detached and distant from the phenomenon being studied. Any value-laden elements which might influence the phenomenon being studied must be excluded.

Advocates of the constructivist paradigm base their monistic, subjective, epistemologic stance on the assertion that it is impossible to separate the subject from the object. Thus the outcomes of an investigation are the "literal creation" of the inquiry process. Since the process is interactive, the values of inquirer and the participants inevitably influence the phenomenon being studied. As Guba and Lincoln (1989) so pointedly put it, "to suppose that it is possible for a human investigator to step outside his or her own humanness, for example, by disregarding one's own values, experiences and constructions is to believe in magic" (p. 67). In short, Guba and Lincoln conclude, knowledge is a human construct which includes all theories and methodologies.

The methodological position of advocates of the conventional paradigm is one which asserts the interventionists mode of inquiry. Conventional advocates believe the context must be stripped of any possible contaminating or confounding variables so that the emerging outcome can be explained as "the way things really are" and "the way things really work." The operatives that express the utility of this methodology are predicting and

controlling phenomenon through physical or statistical manipulations.

Advocates of the constructivist paradigm assert that hermeneutic methodology involves a continuing dialectic, iteration, analysis, critique, reiteration, reanalysis, leading to the emergence of a joint construction of the phenomenon into a case report. The case report "provides a vicarious experience of the situation, allowing the readers to walk in the shoes of the local actors" (Guba and Lincoln, 1989, p. 223). Guba and Lincoln cite the case report as a "major vehicle for the dissemination, application, and (individual) aggregation of knowledge" (p. 81). Typically, constructivists enter the process of inquiry as learners, not claiming to know a priori what is salient. Whereas positivists enter an inquiry knowing what they don't know, constructivist enter not knowing what it is they don't know. Speaking from a constructivist orientation, Guba and Lincoln (1989) question the utility of any methodology that deliberately sets out to strip context in the name of controlling confounding variables as a paradigm of choice.

Dialectical hermeneutics is generally considered as a qualitative mode of inquiry which is concerned with understanding human behavior. This understanding can be derived from the interpretation of social meanings. The researcher is regarded as the perceptual lens through which observations are made and interpreted (Mehan & Wood, 1975;

McCutcheon, 1981). Guba and Lincoln (1989) view this form of inquiry as the ultimate pragmatic criterion for understanding or making sense of human behavior.

Berger and Kellner (1971) assumed a phenomenologic perspective which suggests a constructivist paradigm by describing dialectical hermeneutics as a process...that constructs, maintains and modifies a consistent reality that can be meaningfully experienced by individuals..."this process is determined by the society in which it occurs" (p. 23). Illuminating this view, Guba and Lincoln (1989) write:

Constructions represent the efforts of people to make sense out of their situations, out of the state of affairs in which they find themselves. They are interpretations based primarily on experience - to "see it with my own eyes" or to "hear it with my own ears" is the best evidence that anyone can muster to demonstrate to him or herself the validity of his or her own constructions. (p. 70)

This phenomenological approach to research in essence is a process of discovery.... of perceiving the way people experience their world by entering into their field of perception in order to see life as they see it. It is a human science method which takes into account the individual's participative experience in the context of a situation (Parse et al., 1985). Thus, the goal of the researcher is to literally create or construct a picture of the phenomenon being studied rather than to explain cause-effect relationships. Davis (1978) highlights this point as she wrote:

No hypothesis directs him as to what he should find in his investigation; rather, he goes into the situation to be studied with as open a mind as possible...the phenomenologist assumes that there is something in the nature of human experience beyond sheer reason or sensory observation, which produces knowledge. (p. 194)

This qualitative method of inquiry embraces four major conceptual dimensions. Following is a brief overview of these concepts.

Reflexivity

Reflexivity involves intentional mental activity. Reflexivity, in particular, addresses the issue of how individuals make sense out of social interactions. It provides a means of penetrating the interiority of the person's experience. Berger and Kellner (1971) write, "the socially constructed world must be continually mediated and actualized by the individual so that it can become and remain, indeed, his world as well" (p. 23). In short, a reflexive examination of everyday life enables participants to socially construct reality in a way that is meaningful to them.

Subjectivity

Merleau-Ponty (1962) posits that reality exists through the subjectivity of a conscious awareness of being-in-the-world...a conscious awareness of the body in the world. He speaks of this conscious or sensory state as "embodiment". Individuals experience the world through their bodies. It

is therefore, a subjective experience...thinking, feeling, touching, etc. Schutz (1973) elaborates further:

The origin of all reality is subjective; whatever excites and stimulates our interest is real. To call a thing real means that this thing stands in a certain relation to ourselves...Our primitive impulse is to affirm immediately the reality of all that is conceived, as long as it remains uncontradicted"... (p. 207)

According to Merleau-Ponty (1962), living, being, experiencing, perceiving are mediated through lived experiences. Lived experience is reality and, thus, negates the separateness of subject and object. The world as perceived, he goes on to say, is the first reality. One's perception, Merleau-Ponty elaborates, provides access to truth --the foundation of knowledge (p. 55).

Intersubjectivity

Schutz (1967) described intersubjectivity as the development of a view of the world through the reciprocity of perspective. From this perspective individuals come to believe the way in which others around them interpret and construct reality. These shared meanings in social interactions can be interpreted both by the meanings participants ascribe to events and by how the observers view the events within the context of the social phenomenon. Intersubjectivity, then, implies a cultural consensus among participants which help them to determine appropriate behavior in a given situation.

Indexicality

Indexicality refers to understanding which emerges as a result of past experiences. The linkage of new experiences to old experiences provides a particular lens through which individuals view the world and events within the world (Schutz, 1967). Modification and adjustment of old and new experiences are layered in the human consciousness. What emerges is what Polyani (1966) refers to as personal or tacit knowledge--much of which is taken-for-granted--because individuals know more than what they can say or explain.

To summarize, an understanding of the four major conceptual dimensions of hermeneutics is foundational to the qualitative, phenomenological approach to inquiry. Employment of these four concepts is crucial to the constructivist paradigm. From a philosophical perspective, the interpretive phenomenological mode of inquiry, dialectical hermeneutics, supports two fundamental paradigms which have guided nursing theory and nursing research for some time; the nature of human beings, the nature of the environment, and the interaction between the two. Sartre (1988) concludes that what is believed about health, illness, and nursing is derived from what is believed about the nature of reality (cited in Munhall, 1989, p. 21). This humanistic view of nursing resonates with my beliefs and values about the nature of human beings, the nature of their environment and how each influences the other. Inherent in

this emerging paradigm are the linguistic expressions characterizing humanism such as "becoming", voice, freedom, self-determination, autonomy, creativity, and human potential (Munhall, 1989; Smith, 1989). From my perspective, each individual is a holistic, unique, and self-determined being who experiences his or her own reality. The experience may be shared, but the individual is ultimately the one who interprets the experience and gives meaning to it.

As an alternative mode of inquiry, dialectical hermeneutics, from the perspective of praxis, emancipates the researcher to shed new light on current theory that may be out of contemporary context. The nature of theory is that it tends to have cultural and temporal limitations. In the words of Oiler (1986):

Theories need to be revised in light of societal changes, other new discoveries, and human evolution...As culture "advances" and time progresses, different descriptions and explanations are critical to accurate understanding. (p. 47)

It is within the framework of these philosophical perspectives that this study was undertaken.

The interpretive phenomenological mode of inquiry has been cited in recent nursing literature. Stanley and Styles (1985) used this mode of inquiry to gain a contextual-based understanding of the process of being a Dean of Nursing. This study led to the development of a framework for

analysis of the organizational and interpersonal aspects of deaning. Benner (1984) extended this application of the interpretive method of research to nursing as a culture that was interpreted as domains of practice with related competencies. This methodology enabled Benner to generate a meaningful theory about the shift of the nurse from novice to expert. Pitts (1982) examined the process of socialization for beginning nurses. She found that the issues of gender, agency, community, and bureaucracy played a significant role in the socialization experience of the participants in her study. Van Dongen (1988), used this qualitative approach to interpret how beginning full-time doctoral studies affected the life experiences of the participants in her study. She found the life experience patterns of her participants to be characterized by high stress levels, restriction of accustomed life styles, intense focusing of energies toward fulfilling educational goals, and self-centered behavior.

Cox's (1973) outline of the steps of the dialectical hermeneutic method served as the framework for the study. Pitts (1982) used a similar model.

1. A careful effort to discover the pre-history of the event or phenomenon to be studied.
2. A rigorous attempt to learn about the larger setting within which the activity takes place.
3. A thorough observation of the phenomenon itself.

4. A meticulous awareness of the meaning it all has for me, the interpreter-observer-participant.
(p. 147)

With the application of the dialectical hermeneutic method of inquiry to this study, I sought to uncover or discover, through conversations with the participants, what it means to live the experience of being an exemplary veteran nurse educator within the social context of baccalaureate or higher degree programs in nursing. This qualitative mode of inquiry is unlike quantitative modes which through enumeration, manipulation, prediction, and control tend to obscure a person's individuality and freedom. The phenomenological approach seeks to unfold the truth, the beauty, the joy and the celebration as well as the ambiguities, contradictions, mundaneness, and pain of the human experience. For this reason, it is critical that the researcher maintain an acute awareness of the phenomenon as he or she seeks insight into the "ways in which persons locate themselves in the world in light of their own particular biographical situations, the experiences they have built up over time" (Greene, 1978, p. 69). In short, dialectical hermeneutics methodology engages the researcher in a construction of both the prehistory and present meaning of the phenomenon as it is lived and interpreted by the participants.

Procedure for Interviews

Selection of Participants

In constructivist orientation, a sample is not drawn at random; therefore, the word participants will be used to describe the purposive nonprobability, sampling for this study. The participants were nine female nurse educators who had ten or more years of teaching experience. These educators were selected from among faculty members teaching in baccalaureate nursing programs located in a southeastern university system. At the time of the interviews, eight of the nine participants had earned a doctoral degree since 1986. One of the nine participants was currently working towards a doctoral degree. A more detailed summary of participant demographic characteristics is shown in Appendix D.

Initially, participants who agreed to take part in the study were selected based on recommendations from administrators who were contacted by letter explaining the nature of the study. Administrators were asked to recommend faculty members whom they knew to be competent or effective teachers based on the following criteria: (a) The faculty member has been the recipient of an award which recognizes exemplary or distinguished teaching or, (b) the faculty member's evaluation of teaching performance (by administrators, students, and/or colleagues) have received over-all superior ratings.

The selection of a small number of participants is common practice among qualitative researchers (Bogdon & Bilkin, 1985; Munhall & Oiler, 1986; Parse, Coyne & Smith, 1985). In support of the appropriateness of a small number of participants, Parse, et al. (1985) concluded that as few as two to five participants have been found to yield data redundancy or saturation, an accepted indicator of sample size sufficiency in phenomenological studies.

Oiler (1986) defended the appropriateness of a small number of participants because of the time involved in transcribing and analyzing a large number of data generated for each participant (p. 94). Perhaps more important is the commitment to gaining "depth of reality" (qualitative) over "selected knowledge" of many (quantitative) studies.

Data Collection

Following approval from the University of North Carolina at Greensboro Institutional Review Board, I made initial telephone contacts with each potential participant. At the time of the initial telephone contact, I introduced myself and explained the purpose of the call. Since the interviews were to be tape recorded, permission was obtained at the time of the initial contact for use of the tape recorder during each interview. After the faculty member agreed to participate in the study, a time schedule was established to conduct the interview at the participants'

convenience. Each interview lasted approximately 90 minutes.

The interviews were conducted either at the participant's home or workplace according to the participant's preferences. Seven of the participants chose their workplace for the interviews; the remaining two chose their homes. An interview guide (Appendix A) developed around Maslow's needs model introduced in Chapter I (p. 13) was used to facilitate the interview sessions. Content validity was judged as satisfactory by the following persons: A veteran nurse educator who originally participated in the study, but was withdrawn because she did not meet the criteria related to the time (within the past five years) period her doctorate was obtained; and four university faculty members. Prior to initiating any interviews with the participants, I did a pilot study with the interview guide; no changes were required except with the order in which some of the interview questions were asked. Appendix B shows a crosswalk between the interview questions and research questions. Although a structured interview guide was used to provide parameters for data collection, facilitative communication techniques such as reflecting and probing were used to explore other significant topics. Immediately following each initial telephone contact, each nurse educator who agreed to participate in the study was sent a follow-up letter

confirming the date scheduled for the interview (Appendix F). Each letter included three key questions taken from the interview guide for the participants to think about prior to the scheduled interview. Sample interview questions were included because I wanted, as much as possible, to minimize some of the uneasiness or discomfort the participant might feel regarding the types of questions that might be asked. Also, I wanted to facilitate a conversation (data) infused with "rich, thick, descriptions."

At the beginning of each scheduled interview, by oral presentation, issues relevant to informed consent and confidentiality were discussed (Appendix C). All of the participants consented to the interview and to have the interview tape recorded. Tapes of the nine interviews were then taken to a transcriptionist who was not familiar with any of the participants to avoid the possibility of voice recognition. Following transcription, the tapes were erased.

Data Analysis

The raw data, as recorded, were transcribed verbatim for each participant. Content analysis and synthesis was consistent with phenomenological methodology developed by Colaizzi (1978). This method was chosen because it preserves the meaning of the phenomenon within the context of each participant's experience. While Colaizzi (1978) did not use the term constructivist methodology as a descriptor

for his research model, the procedural steps which follow closely parallel what constructivists value as hermeneutic methodology:

- (1) All of the participants' original thought groupings were read and studied intuitively and contemplatively.
- (2) Significant phrases and thought groupings were extracted from each description.
- (3) Meanings were formulated by restating each significant statement into a general statement. Care was taken to preserve the meaning embodied in the original description, but at the same time, to discover and bring out the contextual meanings hidden in the original description of the phenomenon.
- (4) Themes and theme clusters were then identified and grouped into categories.
- (5) Finally, a description of the phenomenon was developed following integration of the preceding results. (pp. 48-71)

Having embraced hermeneutic analysis as my philosophical position regarding research methodology, issues relevant to judging the goodness or quality of my research design such as internal validity, external validity, reliability, and objectivity were addressed.

Constructivists, such as Guba and Lincoln (1989), reject the conventionalists' quasi-foundational criteria for judging the goodness or quality of research (i.e., internal validity, reliability, etc.). Rather, descriptors such as credibility, transferability, and dependability characterize the linguistic art form constructivists use to denote the goodness or quality of an inquiry.

Credibility, the criterion which constructivists parallel to internal validity, was established through a process referred to as member checks (Guba & Lincoln, 1989). Prior to data analysis, each of the nine participants were sent by mail, a transcript of their individual interviews. They were asked to carefully review the transcripts for correction of erroneous information. They were also asked to delete any of the information such as direct quotes that they believed would compromise confidentiality. Each of the nine participants reviewed and returned the transcripts. Most of the corrections involved grammatical errors or filling in gaps to incomplete thought patterns or ideas. One participant commented: "How delightful to read my interview." and another: "I've never read a verbatim transcript of my words before"; and yet another: "My--I was chatty, wasn't I?"

Overall, the participants found the data to be accurate regarding what was said in their conversations. On this basis, the data were judged as credible. This determinant supports Guba and Lincoln's assertion that ... the process of testing hypothesis, data, preliminary categories, and interpretations with members of the hermeneutic circle from whom the original constructions were collected is the single most crucial technique for establishing credibility (p. 241). Thus, member checks establishes a means to verify the multiple realities or constructions of the participants.

External validity, or in the language of constructivists, transferability, was deemed satisfactory following several processes. First, to develop the phenomenon, I contemplated and intuitively dwelled with the rich, thick descriptions which constituted the data base. The rich, thick description of the nine participants' perceptions of their experiences as university nursing faculty members were used extensively to highlight my analysis or interpretation of their accounts. In conventional science, the burden of proof for an assurance of generalizability or external validity (which is absolute) rests with the inquirer. In phenomenological work, the burden of proof for an assurance of transferability which is relative rests with the receiver (reader). The major technique for establishing the degree of transferability is thick descriptions of the phenomenon being studied (Guba & Lincoln, 1989). Thus, rich, thick descriptions were generously integrated throughout data analysis because the constructivist's goal is "to provide as complete a data base as humanly possible in order to facilitate transferability judgments on the part of others who may wish to apply the study to their own situations" (Guba & Lincoln, 1989, p. 242).

Second, to confirm the external validity or transferability of the data descriptions, I listened to the untranscribed tapes of interviews with participants in the

pilot study and the participant whose data were not used because of the criterion for sample selection was not met. I found that the women's stories on these unusable interviews provided significant validation of the nine participants' accounts of their experiences. Indeed, there were more striking similarities than dissimilarities in the construction of their realities as university faculty members.

Dependability and confirmability, issues that the conventionists refer to as reliability and objectivity, were judged as satisfactory through the use of outside readers or reviewers. First, for reliability cross-check, two doctorally prepared nursing faculty members reviewed my hermeneutic analysis of the transcripts for emerging themes and categories. Guba and Lincoln (1989) refer to this process as a dependability audit, a technique by which outside reviewers (readers) document the logic and method decisions which guided the researcher's interpretation of salient factors in the context of the phenomenon. These reviewers confirmed, in separate analyses, similar and consistent themes that I identified from the original data.

Second, regarding confirmability (objectivity) issues, three exemplary veteran nurse educators who did not participate in the study were asked to review my hermeneutic analysis of the phenomenon. These individuals were in agreement of my analysis. Confirmability, like objectivity,

is concerned with "assuring that data, interpretations, and outcomes of inquiries are rooted in contexts and persons apart from the investigator and are not simply figments of the investigator's imagination" (Guba & Lincoln, 1989, p. 243). A significant contrast, however, is that the conventionist's paradigm is guided by assurances of objectivity through methodology (design); the constructivist's paradigm is guided by assurances of objectivity, that is, integrity of the findings, in the data themselves. In other words, the data can be tracked to their sources, and the judgments used to shape the data yield structurally coherent and corroborating interpretations that are both explicit and implicit in the narrative of the case study. The most common technique for confirming the data and interpretations of a given study is the utilization of outside reviewers (readers) of the study. Guba and Lincoln (1989) refer to this process as the confirmability audit.

In keeping with hermeneutic tradition regarding matters of interviewer bias, I struggled continuously throughout the interviews to "bracket" my own preconceptions about the lived experience of teaching in university schools of nursing that the nine participants shared. This struggle from within and without comes from my own experience as a veteran nurse educator teaching in a university school of nursing. In acknowledging my own vulnerability for

interview bias, I constantly had to attend to keeping my personal perspectives in check as I acknowledged that the constructed realities of the participants, in many ways, paralleled my own reality of life in academia. I found myself feeling the same frustrations, anger, sense of powerlessness, sense of empowerment, as well as the joys of teaching that they described. Occasionally, a participant, knowing that I was a nurse educator, would say, "You know what I mean," as she talked about her experiences. I found myself, quite often, nodding my head in agreement or saying, "Uh, huh." I certainly did not say, "Well, I'm not at liberty to respond to that point, etc.." One of the liberating aspects of phenomenology inquiry is that the researcher is empowered to interpret empirical matters from the perspective of the participants. As Davis (1979) affirms, no attempt is made to eliminate bias, but rather to recognize and incorporate the acknowledgement in the research design (p. 187).

Thus, the ambiguity I experienced, that is vacillating between being an involved observer and a detached observer, stemmed from two sources. For example, as Blumer (1971) and Eisner (1981) explain, in phenomenology inquiry, the investigator assumes the role of the actor and sees the world through the actor's eyes. In the role of actor, the investigator enters into a symbolic, intra-active exchange which permits the researcher to know what the actors know,

see what they see, understand what they understand. As a result, the researcher attempts to describe the participants' vocabulary, their ways of viewing the world, and their sense of the important and unimportant (Schwartz & Jacobs, 1979, p. 7). And yet, as Smith (1989) counters, although the researcher approaches the phenomenon with preconceptions, he or she makes these preconceptions about the lived experience explicit and then "brackets" or "suspends" them. In other words, the researcher attempts to hold his or her beliefs and notions in abeyance while watching themes, essences and meanings surface from the data during the process of analyzing, intuiting and describing (p. 15).

Another powerful way to view the phenomenon is through the perceptual lens of a theoretical model. An adapted model from Maslow's model was used to interpret the participants' stories and to uncover the themes suggesting role development needs. This process required a review of the tapes a number of times to find those themes. Thus, by following the hermeneutic tradition, use of this model supported my need to bracket any preconceptions I had concerning the phenomenon.

To summarize, issues relevant to judging the integrity or quality of my research design as satisfactory and, therefore, consistent with the tenets of dialectical hermeneutic analysis involved my attention to several

strategic "checks and balance" procedures or triangulation of data. The procedures included member checks (the participants); cross-reliability checks or dependability audits (outside readers); and interviewer bias (the investigator).

Thus, dialectical hermeneutic methodology resonates with my ontologic and epistemologic position. This qualitative mode of inquiry is, as Rist explains, "a different way of knowing--one based on experience, empathy, and involvement" (p. 440). As a nurse investigator, this human form of inquiry is the "logical" (natural) choice because, for some time now, the nursing profession has valued persons as "holistic" biopsychosocial beings who interact with the environment. Nursing's holistic regard for humankind reflects a respect for each individual and his or her interpretations of reality. I am aware that this methodology is considered to be the more difficult to enact; however, I believe this phenomenologic approach is appropriate to study about the lived experiences of exemplary veteran nurse educators teaching in baccalaureate programs in nursing. Foundational questions concerning the structure of this lived experience remain unanswered in the literature. Further, if innovative, theory-based approaches to fostering the professional role development of individuals who live in this sociohistorical context are to be found, it is important that the gatekeepers of the

academic culture understand what it is like to live the life of the professoriate in nursing in a university or college setting.

As the phenomenologist Davis (1978) has pointed out, "there is something about the nature of human experience ...which produces knowledge" (p. 142). Put another way, as Schutz (1967) suggests, "perhaps the best way of investigating the nature of man is to ask him" (p. 227). Unlike the pristine environs of conventional designs which (through reductionism and determinism) permit unexplained dimensions of reality, dialectical hermeneutics permit an open interactive dialogue that empowers the participants to tell their stories (reconstruct their realities) in their own voices. As Guba and Lincoln (1989) elaborate, constructivist methodology is "interactive, iterative, hermeneutic, at times intuitive, and most certainly open" (p. 183).

Since it has been documented in recent literature that there is a shortage of doctorally prepared nursing faculty in university and college settings, it is possible that this qualitative form of human inquiry will produce knowledge that the opinion leaders of academe (deans of graduate programs in nursing, curriculum developers of graduate programs in nursing, and employers of nurse educators) can use to facilitate the path (i.e break down the barriers) to

the development of superior, confident and competent doctorally prepared nurse educators.

Further, at the heart of nursing practice is the challenge to improve the quality of life through the provision of excellent humanistic health care delivery systems. This challenge logically (naturally) begins with nurse educators--the producers of providers of humanistic health care. It is possible then, that learning from the participants' own histories what it means to live the experience of a veteran nurse educator will broaden nursing insights in the field regarding the support and the provision of humanistic care to the consumers of health care.

The necessary parts of the actualization of excellent humanistic care--are twofold: (a) The support of knowledgeable nurse educators who are competent, caring, skilled clinicians, nursing leaders and scholars; and, (b) the development of knowledgeable, nursing graduates who, through such exemplary role models, become themselves, excellent nurses in practice, or nursing leaders or nursing scholars. I believe we can't have one--excellent, exemplary nurses in practice or as leaders or scholars--without the other--excellent, exemplary nurse teachers, leaders and scholars.

CHAPTER IV

PARTICIPANT INTERVIEWS AND ANALYSIS

Chapter IV contains the analysis of the raw data that emerged from this study. The data are pooled and, following the tenets of dialectical hermeneutics methodology, presented as the researcher's interpretation of the essence and meaning shared by the participants about their lived experiences as university teachers of nursing. Pseudonyms were used to identify interview participants throughout the chapter. A biographical data chart is presented in Appendix D.

The nine participants in this study were women ranging in age from 37 to 58. All were currently employed as faculty members in nursing education programs located in a large university system in a southeastern state. A majority of the participants (n=7) held Ph.D.s; one had earned an Ed.D., and one had completed a master's degree and was a doctoral student. The number of years in service as teachers in higher education at the time of the interview ranged from 10 to 30 years. Only two of the participants taught at both the graduate and undergraduate levels; the remaining seven taught at the undergraduate level.

Seven of the participants taught at predominantly white universities; two taught at predominantly black

universities. The racial composition consisted of five black females, two of whom taught at predominantly white universities, and two of whom taught at predominantly black universities; the four white females taught at predominantly white universities.

Two of the participants were single; one was divorced. All of the married women had children whose ages ranged from two to 41 years.

These intelligent, articulate women possessed defining characteristics ranging from outspoken and feisty to quiet, calm and reserved. All, however, shared a passion for teaching.

"Who are these women?" and "How did they get started in their careers as nurse educators?," asked the researcher. Seven of the nine women had not made any long-range career goals to become teachers of nursing. For them, it seemed, the decision to become a nurse educator slowly evolved out of self-discovery--out of a need (drive) to become more than, from their point of view, just a member of the status quo as the following quotes reveal:

I worked in a children's hospital and there were a lot of students in the area. Faculty weren't always there with the students. So I found myself doing a lot of teaching. I enjoyed the challenge. I needed more stimulation, in some ways, than you can get in the repetitiveness of staff nursing. (Carol)

I felt I could be more creative in a teaching role. I was somewhat bored by some of the routine aspects of

surgical care patients. I missed the elements that other disciplines provided in an academic setting as opposed to a surgical setting. (Dorothy)

In the process of getting my BSN, I was exposed to some wonderful role models. In thinking back about how I developed some of my ideas of what nursing is, and what I think a good teacher is...it occurred to me that it was from hearing nursing instructors. I don't know that it was ever a conscious decision that I came right out and said to myself, "Ah hah!" I want to be a nurse educator. That, I think, probably evolved. (Thelma)

I thought at one time I really wanted to be in the clinical area all the time. But the more that I studied and the more that I looked at what I could possibly do, it seemed to me that I would have more of an opportunity to do more things in nursing education. I started out really wanting to do things for people. Education broadens the whole arena in which we can do those things and the way in which we can do those things. (Karen)

The remaining two decided as undergraduate students that they wanted a career in nursing education.

Pamela, a bright, shining star in graduate school (master's program) was recruited by a graduate faculty to teach in the undergraduate program at the university she was attending. Prior to that time, she admitted, she had never considered teaching as a career option:

When I was in graduate school, the dean called me down to her office and said: "Now you owe it to your profession to become a teacher. You've done so well in graduate school, that we'd like to have you here on faculty." I really felt special that she had selected me and she had recruited me. I had not really thought about teaching at all until she said to me, "You really ought to think about it."

For the majority of these women, then, the decision to become a teacher in a school of nursing was not made as a conscious career choice borne out of goal planning, but rather, as vicarious encounters--borne out of restlessness, perhaps dissatisfaction or a need to become "more than."

It has been through the process of self-discovery that these veteran nurse educators have been transformed and become the competent, knowledgeable and dynamic professionals that they are. Hearing their accounts of self-discovery--an evolving process of awakening, growing, developing and maturing--of becoming who they are, reminds one of a fine, hand-crafted quilt that has for generations been in the family and is now a priceless heirloom. Before that quilt became a fine, priceless heirloom, it was merely singular pieces of assorted remnants. The history of that quilt's becoming began with an idea, a thought. And it took someone across the-sands-of-time's caring, patient heart and talented, skillful hands to release that idea, that thought into a creative art form as each singular remnant so delicate, so detailed, so intricately connected to the other, unfolds into a burst of patterns, textures, hues, shapes and sizes. Like fitting the pieces of a puzzle together, those singular pieces of connected remnants, at last, reveal what they were destined to be (become).

And so it is in the history of the lives of these nine veteran nurse educators--success stories in their own right

as academicians. The molding and shaping of their lives as exemplary nurse educators began with an idea, a thought, fashioned by need, motivation and determination. Like the making of a fine, priceless heirloom, they, too, have across the sands of time, intricately woven into the fabric of their personal and professional persona, a unique blend of the best of two worlds--exemplary models of nursing practice and nursing education.

Colaizzi's phenomenological analysis (1978) was used for the purpose of content analysis and synthesis of the raw data. Four major categories emerged from the raw data: (a) Discovering the Nature of Teaching: Making the Transition from Practitioner to Nurse Educator, (b) Developing a Professional Identity: Learning the Rules of the Game, (c) Learning How to Balance the Personal/Professional Self: Living Comfortably with the Self Personally and Professionally and, (d) Staying the Course: A Contemporary and Futuristic Perspective.

Discovering the Nature of Teaching: Making the Transition from Practitioner to Nurse Educator

Several themes emerged as the participants reconstructed their experiences as beginning teachers. None had any previous teaching experience other than instructing patients or clients in their roles as nurses in a practice setting. Most had come directly from the practice setting at the time they assumed a faculty position. Only three of

the nine participants had obtained an advanced degree at the master's level at the time of their initial appointment in the university system.

The pedagogical supports gained from their master's and later doctoral education, for most of the participants may not have played a significant role in preparing them to teach nursing in higher education. Only one participant expressed the idea that her master's and doctoral programs equipped her well to teach at the university level. For most the experience of learning how to teach was like learning how to parent--do-it-yourself; "hands-on" and "learning under fire." One participant explains:

I think that I probably learned as much about the art of teaching, educational goals and teaching and nursing as a young faculty member on campus as I did the year I spent in graduate school (master's). At that point and time things were predominately, (1) clinically based, and (2) curriculum development, philosophy of education, some of that stuff. But not as much in learning styles, teaching styles because that was not part of my graduate education...That was back in '65 and the master's curriculum is very different than it is now. (Carol)

Marilyn, the youngest participant in the sample and a veteran teacher of 12 years, had this to say about her pedagogical supports:

I think at the master's level the classes in teaching methodology are like beginning pieces of information and once you're in a teaching situation, you begin to look at what is going to help you in this particular situation. You always have to look at the level of your learner and the characteristics of the learner.

And, that, I don't think any program specifically dealt with, not in any great detail. But what they might have included and I would have appreciated them including, saying that when you get in a situation and you have this type of learner or that type of learner, then you're going to have to make these considerations ...I think more of that needs to be, or needed to be, it might be now. But when I graduated I certainly didn't have it in my background and I would have needed that. At the doctoral level the real emphasis in all my doctorate study was research. So actually, I don't think that there was a lot that I received as a doctoral student that helped me with teaching methods, but it certainly did enhance what I'm able to do in the classroom.

As novice teachers, the participants assumed a mechanistic view of teaching. There was this constant struggle and attention to "learning the basics." There was a consuming preoccupation with content-oriented issues. A major source of concern, stress, and anxiety was being knowledgeable about the subject they were expected to teach. As Thelma commented: "I spent hours and hours preparing for a lecture...I didn't know nearly enough to be teaching."

Because of their perception of having a limited knowledge base, a heightened sense of being overwhelmed, feeling insecure and a fear of failure ensued. These women chose to cope with their anxieties by manifesting an urgency to know everything; perhaps they compensated by over-preparation. This shared sense of vulnerability is described as follows:

It was really scary...it was scary in that you really feel all the responsibilities...you do have all the power to influence and you do have all that

responsibility. I was more than prepared. You really don't know how to judge if you have enough material or too much material, or if it is in the right depth; if you're over the students' heads or not. (Dorothy)

I prepare all my classes the night before. And I stayed one class ahead or half a class ahead. In terms of any type of orientation, or sliding into it or transition time, I didn't have the luxury. I was kind of thrown in, "sink or swim." I was really kind of overwhelmed when I realized I was going to have a major responsibility. I felt very tenuous in the situation: It was real scary... (Carol)

I hadn't had any formal education in terms of teaching methods. It was really scary as to how I was going to fulfill all that time, especially coming from a work situation where I was doing "for" a patient. But just to settle myself in before a group of students and trying to think of something that was going to span for seven hours was very difficult, very frightening. (Laura)

In their struggle to learn the basics, these women tended to rely heavily on their practical knowledge as they began to make the transition from the role of a nurse in practice to that of a nurse educator. Intuitively they began to discover the essence of teaching primarily through experimentation or trial and error.

As beginning nurse educators they recalled the "good teachers" of the past. They observed the "senior teachers" on faculty who served as resources and models. They sought ways to affirm themselves as teachers in their own right and felt a pressing need to stand alone as they began to develop ontological and epistemological positions regarding the essence of teaching. Eventually, each developed her own

style of teaching. Gradually, subtle ways of knowing surfaced:

I learned through doing it. Through feedback from colleagues and students. I learned what was accepted in educational practice. What worked and didn't work.
(Sue)

I figured I didn't know nearly enough to be teaching ...up until we have to teach something, I think we can get by with an understanding less than optimal.
(Thelma)

What I started doing was reading some literature on teaching. And I also recalled some of the better teachers that I had...And I sort of mimicked, or tried to mimic some of the methods that I had remembered their using while I was a student. (Karen)

There was also the transition from being a clinical specialist and doing the hands-on yourself...You've been the one providing the service to the client. You have to remember who your clients are. See, the client became the student (for me), once I started teaching.
(Naomi)

Making the transition from nurse in practice to nurse educator meant a shift from a narrowed focus regarding the faculty role to a more expansive focus which considered not only content-oriented issues, but also issues regarding the learner and the self. It also meant finding one's own niche as a faculty member within the socio-cultural milieu of the university. Over time, the participants tell a different story as they become competent, comfortable and confident in their role as teachers of nursing. A strong parallel to

their degree of comfort, confidence, and competence is their years of experience:

I feel confident. I feel at ease. Sort of [a] serene type of situation. It's just comfortable because I've had the experience. (Laura)

I've been at it 30 years now, so it doesn't baffle me anymore. At this point you have a better appreciation of what a beginning learner brings to the situation ...what they know. I think a lot of being effective is being able to handle questions as they come. Well that comes with a tremendous amount of experience and that's what you feel in terms of confidence. (Carol)

There is a sense of liberation, of empowerment, as these women convey their feelings of security about their teaching role. No longer is there a need for rigid, didactic and formal ways of teaching. Instead, these participants dare to take risks. For them teaching is no longer mechanistic, a chore to get done, but rather fun, stimulating, exciting!:

A lot of teaching that I do now, I don't have to prepare for the way I did in the past. I've got the cumulative body [of] knowledge either in my head, or in my file cabinet, or in my bookcase. So I go into each clinical group I get...with an excitement about working with these new learners. Teaching is really fun for me. (Pamela)

It's still exciting...if it wasn't exciting, I don't think I could do it. In fact, it's more exciting now because I have so much experience. What I do now is to continue to add to what I have and that's exciting because that takes me more to the cutting edge of my area than before, when I was grappling with very basic things...once that's in place and that's solid you can

begin to branch out and look at innovations, you can explore, you can try new teaching strategies.
(Dorothy)

...The freedom that you have to structure your teaching in the way that you want to, or the way that seems best. There is a lot of leeway. There's opportunity of introducing your own ideas and concepts so that other people will pick up on them and utilize them.
(Naomi)

The love, excitement, and exhilaration these women express about their faculty roles, especially teaching, are countered by the laborious, often times pesky, frustrating and routine aspects of their work. This occasional ambivalence is reflected in these descriptions:

The aspect I like least about being a nurse educator is committee work. I feel like at least a half of what we do can be handled by memos. (Pamela)

Some of the routine. The reports, the rewrites, the minutes, and things like that because its nothing that really is going to bring about any change in the environment. Essentially it's documentation of what we do and while it's important, I find it very routine, and rather boring. (Evelyn)

... the paper work, I hate writing stupid evaluations. I don't know of anyone who likes it. It's the things that you have to do just to keep the oils [wheels] greased that really don't relate to teaching. Keeping up records, the same things we don't like in the practice of nursing--the paperwork and a lot of meetings. The meetings get tiresome for a while. Especially if they're administrative-oriented.
(Carol)

Meetings are very tiring. I'm not sure what that's about...you know, the bickering, the misunderstanding ...and you sit there and realize all these things that

need to be done with every agenda item that comes up, you feel overwhelmed. (Thelma)

The most exhilarating, singular aspect of teaching the participants all shared was their enthusiasm for the students. A critical point about the reality of teaching for these women, it seems, was their intimate connection to the students as successful and confident learners. A natural "high" for the nurse educator was to see tangible evidence that a student has learned how to learn. States Laura, "... what really sort of pumps me up is seeing students learn." While one of the most challenging or demanding aspects of teaching is to stimulate and change learner behavior, particularly among under-achievers, the experience of teaching may be viewed as exhilarating when learners are highly motivated and demonstrate successful outcomes. Moving the under-achievers from point A to B so that they, too, experience success is like icing on the cake. Thus, teachers are inclined to become even more motivated and strive to stretch their talents and capabilities to the utmost. The thrill of teaching is captured in the following quotes:

Student contact is exciting. It's seeing people grow and seeing people become much more independent learners because education is really about helping you to learn to feed yourself. Our students don't have that concept when they come in here. They expect to be fed.
(Dorothy)

... having them feel good about themselves when I see the students learning, and when I see them excited about learning, I get excited, too, because that makes me want to work even harder to be able to give more to them. (Naomi)

When you can see that student who's been struggling finally see the light and come forward with that bit of information, or that piece of practice or that thought that you had perceived was yet a long time away for that student because then you know that all that you've been attempting to do, is finally coming to fruition. (Karen)

Thus, an affirming aspect of teaching is the emerging, knowledgeable, confident and articulate learner. For these exemplary veteran teachers, the student is the energizing force that nurtures their inner resources, and feeds the passion and enthusiasm to persist in academe. As summed up by Carol:

Student contact energizes me because it's fun...It's fun to watch their minds work. I think I'm lucky because I went into education and I enjoy it. It must be terribly difficult to be in anything which you work so long at, that you don't enjoy it.

Coexisting with the need to learn the basics, the how-to's of teaching, is the need to learn survival skills, the rules of the game in the world of academe. Learning these rules is a critical requisite to developing the role expectations of a university professor. The will to survive, to persist in the socio-cultural milieu of the university, requires an introspective regard of the self, both personally and professionally. These nine women offer

compelling accounts of their need and their drive to belong to the university community. For learning how and what to teach, they discovered, was only the tip of the iceberg.

Developing a Professional Identity: Learning The Rules of the Game

The participants' reality of teaching was primarily a mechanistic model which emphasized a rather pristine way of knowing that gradually evolved into a more humanistic, i.e. caring model with a view of the learner and the self at the center of this emerging paradigm. However, as reality shock settles in, the need to develop a sense of professional identity becomes a source of tension which has significant impact on role development. Unresolved role identity issues may lead to role strain or role conflict (Conway & Glass, 1978). For these women the necessity of socialization and professionalization to the world of academe meant learning the "rules of the game," the politics of the system. This system is dominated by males in the supraculture of the university. In the sub culture of schools of nursing, it is dominated by females. The experience of dealing with pressures to meet the changing expectations of the supra domain were tough lessons to learn.

Historically, the doctorate was a required credential to teach the "traditional subjects" of the male-dominated colleges and universities. This was an expectation, a prime qualifier for employment. Since nursing has been widely

viewed as women's work, having a doctorate to teach about women's work was not considered necessary during the participants' cohort history. The accepted credential for the participants at the time of their employment in university programs was the master's degree, the "terminal degree" for nurse educators.

Six of the nine participants had acquired their master's degree by the time of employment in the university. For the remaining three, who had the basic generic or bachelor's degree, the expectation was to pursue the master's degree to maintain employment at the university level. What these women eventually learned as they struggled to survive in academe, was that their teaching competencies alone were not enough for compensatory rewards and recognition such as merit pay, comparable salaries, and promotion and tenure. Two of the participants managed to obtain tenure at the rank of assistant professor without the doctorate, an option no longer available in most colleges and universities. For the rest, consideration for promotion or tenure remained elusive without the doctorate. Among the eight who eventually attained the doctorate, only three had achieved tenured rank at the associate level.

A common theme which appeared to dominate the conversation as these women recounted the ups and downs of university life as teachers was a sense of "system failure." What these participants discovered was that although they

were hired to teach, the subliminal message was we value more what you can produce as researchers and writers. This created conflict between what the participants believed to be important and what administrators said was important as Carol, a tenured faculty member, described:

I think it's trying to serve both God and man. In other words, serve all the needs of the students and do the very best in terms of what you can do for them, and turn right around and realize that's not what the university really values in terms of promotion and tenure. What they really value is getting new grants, writing and publications; if you're looking at the criteria for promotion and tenure, that's the most important.

Out of necessity, for survival's sake, these women got the "message", but found little in the way of administrative support to help them deal with those expectations. It was like a Catch-22 situation as Sue verbalized:

The thing that I find that is not helpful in my particular setting, and has been articulated to me by persons at a variety of universities, is that when you are a junior faculty person, and you are attempting to create your research, publication, service and teaching track record in order to position yourself in an appropriate place for tenure, you have little consideration in your teaching load. You teach your full three-course load, and you do everything else above and beyond that; so, consequently the system, the setting, did not support the fact that there could have been some balance in teaching load to afford you some opportunity to involve yourself in research and publication. The prevailing impression is that you make the time. The system doesn't help you create the time through some kind of equitable balance.

Other areas of perceived lack of support cited by the participants included inadequate orientation to the curricular and philosophical values of the school, inadequate resources included in both financial and secretarial support; and ineffective evaluation processes.

An important link to the socialization of beginning teachers is orientation to the philosophical values of the school. Dorothy contends the orientation process, as she has experienced it, to have been a rather weak link in her socialization to the academic climate because of failure of the system to individualize or humanize the process:

I think in getting acclimated to a setting, I have never found that an organization looked at what the person brings in terms of personality to that position...they have one way of orientation, period. I can come in, I can be 180 degrees different from you but they're going to orient us the same way... organizations need to look more at educators as people and see what it is they need when they bring them into the organization. I have never been in a setting where they say, "Okay, let's decide how we're going to carry out your orientation". Usually when I go in they say, "Well as part of your orientation you will meet that one, you will meet the other one, and here's your materials." And then someone else who comes in, they will decide "okay a new person has to meet with this one, meet with the dean, meet with the chair, meet with your coordinator. You know, tour this, tour that and here are the materials. It's the same for all people. So perhaps we need to look at more...at who is this new person. Perhaps we need to sit down and say, "Okay, here are some possibilities. What would you like to do? What do you think you need to do first?"

The issue of collegial support through an effective mentoring system was a common deficit echoed as the

participants sought some clarity and definition of their evolving roles. According to most of the participants, the lack of availability of mentors to help shape their career goals in some ways hampered their professional development as Sue, a 15 year veteran, described:

Ten years ago nursing did not have to meet all the requirements that other disciplines had to meet. It wasn't as stringent in terms of research. Now the same expectations are required. I think that's fair because we should be asked to meet those same demands because we're professionals. But I think there has to be support systems in place for you to be able to do that. One of the things that I don't think was in place for me, at that time, and still for some faculty, were the support systems in terms of the technical assistance--someone to help you with that particular area in terms of developing--having a mentor. Having someone who could work with you in terms of scholarly activity, in terms of research. Having someone who's already involved in a research project that you could work along with.

Six of the nine participants felt having a mentor would have been most helpful to them as they grappled with role identity. For most, having to "sink or swim" was a workplace nightmare. So learning the political savvy of the system was, at best, a vicarious experience such as described by Laura:

I was kind of given the assignment, and I wasn't clear on what I should do, or maybe I didn't know what I should do. I was sort of bombarded at the time with moving on with the roles and functions that particular position required. I was not given the direction or assistance...I didn't feel like I was adequately prepared to go into. That was frustrating.

An important investment in the professional role development of the nurse educator is the collegial support of a mentor. The effectiveness of having a mentor is described by this participant:

With my first teaching experience in the university setting, I had a chairman who recruited me to come and teach and mentor me. She believed that I had something to contribute and she provided me the opportunity and the environment. She helped me also to develop on the professional side. There's a professional side where you learn to communicate, where you learn leadership skills. You learn the political system and you learn to negotiate through these things. All my strength and talents were developed and I was shown how to use them in a positive way. Then when I came to the larger school, you don't get that same individual attention, you're more or less thrown out there to sink or swim and do the best you can. I was able to survive because I had learned the survival skills that had been taught to me so well by my mentor at the other school.
(Evelyn)

It appears that for those participants who were fortunate enough to have mentors, the process was done randomly. It was not a planned process, or, by design, a component of faculty development. For the most part, there was no administrative policy in place that senior faculty should serve as mentors for novice teachers. Pamela's experience highlights this point:

I had probably the closest thing to a mentor, when I began, as anybody, who was a senior faculty member, who really pretty much took me under her wing. She was a very competent educator and taught me really all of the basic things I needed to know...All of these basic kinds of things that you really don't get into the little nine hour nursing educator course you get, or I didn't at the master's level. I mean I had to do some

practice teaching, but the nitty gritty of it came from a senior faculty.

Thelma's experience also reflects this view:

There was a woman in charge of the psych-mental health department who was my mentor. She met with me weekly...I think she would have done that for anyone coming in. I think that was part of her value, how she saw her role. I had other colleagues at that time who started teaching at the same time that I did, that did not have that kind of experience. So I don't think it was an expectation laid down by the dean...She invested a tremendous amount of time in me...If I had not felt truly supported...it could have been very difficult for me at the time, as a young teacher.

Naomi, a black faculty member, shares a different perspective as she learned to carve her own niche in the world of academe. A necessary survival skill, she found, was to seek out a mentor of her own:

As a minority, working in a predominately white institution, I had to find my own niche. I had to seek out help. One black faculty member became my mentor. She was very supportive. I recommend any minority person who sees another come into the organization to personally seek that individual out for support. We owe that to new black faculty members who come aboard. We need to do more of that; we don't do enough of that.

What has been a difficult struggle to overcome, these women report, is grappling with the conceptual trap, an oppressed group of females trying to make their voices heard in the midst of the hierarchical mind set of the university. There is this expressed sense of feeling, of being devalued because the teaching of nursing, with females as the major

employees, is perceived as women's work. This sense of feeling or being devalued is caught up in the pathos of Thelma's voice:

I don't think the academy in general has any comprehension of what we do over here. There is something about women's work that is just taken-for-granted, or is not thought to be important. The kind of work that I do, that I think is the most important, is teaching. It's not acknowledged to be either very difficult or very important. It's second class at this university...the fact remains that there are aspects of women's roles which are under-valued. And teaching is one of them.

A common fallout that is noticeable among oppressed groups is a troubled sense of identity. As victims of this fallout, nurse educators, then as now, are still facing professional identity crises. So, the development of a sense of community or affiliation within the university remains problematic. There has been a tendency for nursing faculty to isolate themselves from the mainstream of university life. Because of this pattern, faculty members in other disciplines know very little about what nursing faculty do. Thelma's sense of professional identity and drive to survive are deeply ingrained in her need to be visible and actively involved in the life of the university as she makes the following assertion:

One of the things that I have learned to do is to participate to a greater degree in the life of the university. The more an educator participates in what's going on in the university, the more likely they are to feel either support or professionalized into their role as a university professor. One of the things that I have found is that nursing tends to be very isolated from the other

parts of the university. We may serve on a committee, but how often do we either make it known that we're nurses, or what our problems in nursing are? When we go to these university forums, or general university faculty meetings you hear people from other departments being very specific about what their needs are, and often what goes on. We in nursing continue to be a little bit martyred about how over-loaded we are. We don't seem to be making any real strides in taking our concerns before the appropriate university boards. Somehow we think we have to solve all of our problems ourselves...So finding some way to interact with other members of the university community is probably a big part of nurse educators coming to view themselves as professionalized in the role of university professor. Because how often when you hear other people who teach at a university when someone says what do you do, they usually say "I'm an university professor. What do nurses usually say when somebody says, "What do you do?" I usually say I teach nursing," which says that I have not fully internalized my role.

Themes of the oppressed group continues as Dorothy ventilated her frustrations with departmental leadership which she perceives is likely due to the fact that in the subculture of the school of nursing, the "boss" is usually female; however the "CEO" in the supraculture is usually male. Given this apparently entrenched hierarchical structure, the female supervisor, the boss, encounters difficulties in obtaining a variety of resources perceived as important to the department. Important decisions that may be so crucial to the well being of the insiders (the department) are more often than not made by the outsiders (administration). The nursing school department heads constantly struggle to create a legitimate professional work climate for nursing faculty. So faculty tend to look to their own devices, creativity, and ingenuity to get what they want or need.

This contrasting difference, for example in responding to the male voices of administrators in male-dominated disciplines such as medical education or business education as opposed to female voices of administrators in female-dominated disciplines such as nursing education is reflected by Dorothy, a 20-year veteran nurse educator:

I don't always feel that those supports are there. I think people want them there. When I say people I mean department. I believe that if the department were able to say, "This is what we want for our faculty," that these supports would be there. I think it's seldom able to say that...So I think because the department is not able to offer what it would probably like to offer, much of a person's professionalization becomes their responsibility. This means you must become as creative as possible. You have to begin to look out and to explore, to make decisions and some determinations yourself. It's just not as much of a departmental responsibility as I think it should be, and if nursing had their "druthers, it would be more their responsibility and they would do and know how to do it well. You look at professions in medicine that are predominantly male and you find an entirely different support system. You find an entirely different level of opportunity. I think a great deal of it has to do with the fact that these are women. Although nursing is a critical job, the level of criticality is nowhere matched by the support.

This sense of powerlessness and discontent appears to be a source of stress and tension within the infrastructure--the schools of nursing. The bickering and infighting among faculty women, Pamela concludes, is a characteristic of oppressed groups. She sees the population of nurses in practice and nurse educators as examples of oppressed group as verbalized here:

...conflicts with faculty are really draining. A misunderstanding, power struggles, control issues, competition for scarce resources, competition for the

desirable teaching courses, or experience, that's real tiring, that's hard...the more kinds of stress there are, the more over-worked people become. The more tired we get, the more burned out we get, the more we argue with each other. And we tend to take it out on each other instead of being able to look at (what) the suprasystem is imposing on us. Oppressed groups tend to do that and, boy, I have really seen that in nursing. We fight among ourselves because sometimes we feel we can't fight those forces out there. (Thelma)

A sense of system failure or error as it relates to the pressure of the university to "publish or perish" was a consistent theme among these educators. The participants strongly associated their sense of professional identity with obtaining the doctorate, acknowledging that as a credential of the university, nursing educators, too, must meet this requirement. However, obtaining the doctorate, these educators have painfully discovered, is, as Karen put it, "not a badge of merit." It merely lets the player into the outer chamber. The player must abide there until certain conditions have been met before one can enter the inner chamber. Those conditions--meeting the requirements for scholarly pursuits in research and publications--are the valued benchmarks of professionalism in the university milieu. In most circumstances, nursing educators have learned so well, that only faculty members who have met these conditions (not including those cohorts prior to the era of the master's as the terminal degree for nursing) are accepted into the elitist inner chamber. While most nurse educators interviewed conceded that these scholarly pursuits are crucial towards progression to promotion and tenure, only three mentioned

publication as important to the advancement of knowledge in nursing. Further, the participants seemed dismayed by the university's lack of consideration for the uniqueness of nursing as a practicing discipline.

Because nursing departments/schools are relatively new on the university scene (within the past 50-60 years) nurse educators, in their thrust to catch-up, have been at a disadvantage in the male-dominated university system in terms of having the opportunity and the tools to advance in their career as university professors. Although there are some unique differences in terms of what nurse educators do, nurse educators are measured by the same standards as professors in other disciplines. Thus, senior nurse faculty members, caught-up in the hierarchical conceptual trap, are pressed to make the politically correct decisions with regard to who is in and who is out. So very often, a nurse faculty member's bid to get into the inner chamber is lost in the shuffle. The painful reality is that being turned down or not supported by one's own kind (colleagues) is experienced as closely akin to being victimized--of being sabotaged by one's own relatives. This sense of victimization, futility and powerlessness attributed to system failure/error/ flaw is echoed by Pamela, a 26 year veteran who teaches in a large university:

The area in which I have felt less supported about is trying to get promoted to full professor, which may never happen. We have had only two faculty members in the history of the school of nursing, promoted from associate to full

professor. And one of these was not a nurse. And this school has been here since 1954. The six or seven (full) professors that we have right now all came here as a (full) professor. The roles for nursing faculty are such that it's terribly difficult to meet the university requirements for promotion. We have 30-some associate professors. They're supposed to be reviewed every three years for promotion, and they ask for waivers because they are sure they aren't going to get promoted. I think that's a system error and we've got to do something about it. In fact, I went to see the Vice Chancellor last week. And I'm not a person who does this...I'm not a person who generally makes waves. I take care of my business. I take care of my students. I take care of myself, and I don't get too involved in system politics. I think it's just a waste of time. I said, I just want you to know how frustrated I am about this. And that I think that within the school of nursing, nothing is going to happen. I was absolutely appalled at the attention he gave me and the seriousness with which he took my complaint. Two days later I got a telephone call from him, he said to me, "do you think that your internal evaluations ...expectations are too high? There's something wrong with a system when there are not any promotions."

It appears that the fear of rejection, or of possible embarrassment, compels the gatekeepers in nursing schools driven by the conceptual hierarchical trap, to turn down a considerable number of faculty members who believe they are eligible for promotion or tenure. Thus, gridlock in the subsystem prevails. There is no collective movement to challenge the system--no "Davida" to take on Goliath. Reflecting on the ambiguities and conflicts with her value system to get ahead within the university Pamela continues:

We have this small group of people who are full professors...they're prima donnas, there's no doubt about it. You know the values that people use to determine who's eligible for promotion, they're not always my values. So I'm not going to sell out my values just to meet somebody else's promotion criteria...I'll see what I can do about changing values.. and that's what I'm attempting to do at

this point...But I'm not going to sell out just to get promoted. I'm not going to give up my teaching just to get promoted. Now if I can change the system, if I could impact the system in anyway to increase the value of teaching, I'd do it...we've been pulling ourselves up by our bootstraps now for 30 years. My point to him [the Vice Chancellor] was I think we're there...we have a number of faculty in the school of nursing who need to be promoted. Their paper trail may not be as long as other people, but there are other things to look at in the evaluation process. And I think he agreed with me. The internal problem is we haven't sent anybody out. We don't know how the Vice Chancellor's committee or the Chancellor's committee is going to respond to our views at this point because we're too scared to send anybody out. I didn't get out of the school. I didn't even get out of the school committee. And I thought I had a very strong case. I think it's time we moved. We have strong people inside. I think we're still a little embarrassed and a little intimidated to say to other people, yes, we are a little different, but we've got a lot of strength here like everybody else. And then we have some strength over here that a lot of people don't have, that's difficult to document.

The conflict in values with respect to what it takes to arrive--to become a part of that elite inner chamber--emerged as a common source of role strain/conflict among the participants. The themes of system failure/ flaw persists as this 30 year veteran who, having managed to escape the pressures related to tenure, is still struggling with the pressures related to promotion to full professor. A recurring theme which was similar to Pamela's account is the sense of futility and victimization as Carol so poignantly summarizes:

The tenure process forces the university into terminating some very effective faculty, because they don't have a set of criteria which may or may not be relevant to what they do in a particular area. And I think its very, very bad. That's what I mean when I say, we eat our young. We take a young faculty member who has excellent clinical skills, who's a marvelous teacher, who's effective with students,

who spend a lot of time in preparing for students' kinds of activities, and at the same time they're not doing much in the way of publishing, so we throw them out at the end of five years, when they've proven to be effective in what we've hired them to do in the first place, which is to teach. And that's demoralizing to young faculty. It makes faculty who want to get into the tenure process very anxious. Anxious perhaps past their level of productivity ...I think to be honest with new young faculty, whether they're doctorally or master's prepared, you really need to be right up front with them and say, "Look your chances of promotion and tenure without multiple publications, presentations and things of this nature are going to be limited...If you don't want to get into this bind, or you don't think you're ready to really do this at the level the great board of the university is going to require, then I suggest you use us to get as much teaching experience, to learn how to do things and plan to leave us at the end of five to seven years, so that in the next position, you'll be ready to do the publications that will get you promoted in that situation." So consequently you do the nurturing, you do the preparing and the faculty moves on to some other university that's beneficial. And that's what the tenure system as it's operating right now, is doing to us.

Given the uniqueness of nursing as a discipline in the university, the path toward professionalization, one participant reasons, should offer some alternatives as Karen verbalizes here:

I think the emphasis, particularly on research and publication in a do or die kind of perspective, is probably a little bit extreme, for scholarship can be demonstrated in a lot of other ways. I don't think the academy has accepted that there is diversity in scholarship. The predominate pressure is still research and publication...Scholarship can be shown through service, for example if you're involved in a community organization like I am...but what I found that I had to do with that service project is that I have had to create a research milieu in order that it's accepted by the university...I don't think it's necessary to carry it that far to demonstrate scholarship and I'll get some reward for it. Because ultimately to remain in the university you've got to demonstrate those things that the system rewards. It does not really reward service even though it says it rewards service. It rewards research and publication...in the sense of promotion. In the sense of tenure. In the

sense of merit increases. In the sense of credibility and recognition by your peers.

Karen, who has a doctorate and is tenured at the rank of associate professor, sees the key to disengaging the academic gridlock that persists in nursing departments regarding the tenure/promotions process lies in strengthening faculty development. Faculty development, she asserts, must do a better job in helping faculty define their roles and come to terms with their strengths and limitations in those roles. Is it a realistic expectation that nursing faculty possess competency in all three roles before consideration for compensatory recognition is given? This is a question which this participant and others ask among themselves. She comments:

I think we really need to look into the development of faculty. I think the whole process is motivationalistic. What are their teaching goals? What are their expectations from it? We've got to look at the fact that not every faculty member needs to do everything. I know everybody doesn't need to be publishing. Everybody doesn't need to be teaching courses. I think there are roles for faculty in a university setting that everybody doesn't have to fill. But, certainly [one needs to] be competent in one or two of those areas. I think we expect competence in nursing at the same level in all three areas.

An important concept to these women, and a testimony to their resilience and persistence in academe despite system failure/ flaw, is the consensus that attainment of the doctorate was integral in the development of their professional image/ identity, self-development, and emerging self-actualization. They also attributed an improvement in content and research

expertise to having attained the doctorate. While the pressures of the academy fueled that need among eight of the nine participants, one felt the master's should be appropriate to teach at the undergraduate level. For these participants the doctorate was valued both personally and professionally:

I think if I had not stopped and gotten my Ph.D. when I did that I would have felt very uncomfortable in the academy today. There were lots of skills and knowledge I gained through that process that are valuable to me. So the bottom line is either we keep up or we have to get out. And keeping up means that we take care of ourselves both personally and professionally, and we grow and learn.
(Thelma)

If you're going to teach in a university setting you must hold the credential of the academy...the doctorate. I believed that when I wasn't working on a doctorate. I knew I needed to do it because I was never going to get the respect and credibility in the academy...that I needed to make a significant impact in nursing, and to bring about some change in the image of nursing until I possessed the credential of the academy. I don't think holding a doctorate necessarily makes you a better nurse. But it certainly should make you a nurse who is able to look at all of those things that impact nursing and to look at it critically and to analyze and to draw some conclusions and make some inferences about what the practice and what the education ought to be. Ultimately, it is that kind of investigative thrust that you get out of a doctoral program.
(Karen)

According to two of the participants, both of whom are long-time nurse educators, the delay in obtaining the doctorate has been both personally and professionally costly to their careers. Both lamented the fact that having waited fairly late in their careers to attain the doctorate has contributed to a significant developmental lag in accomplishing their professorial

roles. Both were academically gifted undergraduate and graduate students but reported that they recalled no advisement from any of their professors regarding career path possibilities, particularly in education. In hindsight, what seems clearer to them in the assessment of their current professional status is how much more the doctorate has meant in empowering them as individuals to share their expertise among the aggregate.

Evelyn, a veteran of 30 years and a doctoral student, had this comment:

If I had it to do over again...every experience I have had, has given me something...but I probably would be able to contribute much more as a nurse educator if I had completed the process (the doctorate) earlier. It takes much energy, vitality and motivation to achieve some of the things I'd like to do. If I had started earlier, I might have been a dean by now...that's the advice I give my students...now complete your BSN, practice a few years...get your master's...then your doctorate.

Laura, a 30 year veteran, having completed the doctorate a year prior to the time of this interview said:

Having the experience of going through a doctoral program, I think, has been one of the most important things in terms of my nursing education. I feel I should have, at this date, contributed more to nursing education. Because I think I have something--that experience both from the teaching area and also from the administrative area--I have not shared it and I think it needs to be shared.

As these two women explained, dealing with the pressures from within and without to obtain the doctorate and living with the penalties of not having it has been a rude awakening. The awakening comes from feeling limited--boxed in a corner--because

one might be as far along the upward mobility path as one can go. The situation in other words, is like a dead-end job. Then there is also the competition from the holders of the doctorate for the precious few places on a crowded upward mobility ladder--a common scenario in the academic landscape of schools of nursing. Most of the holders of the doctorate will return to doing what they primarily did prior to the doctorate--teaching. If there is a hidden agenda regarding career goals beyond the doctorate, then it is possible that the motivational needs of the nurse educator behind getting the doctorate may not necessarily become actualized. Evelyn talks about such ambiguities in her particular workplace:

I have gotten as far as I can go without the doctorate in the hierarchy, anything else I want to add, I can't...see you can't be on certain committees unless you're on tenure track and you must have the doctorate to get on the tenure track. You can't hold certain offices...In our set up there's only so many top positions. So one has to be satisfied unless you're aspiring to be dean or something ...You have to find your niche and your satisfaction within the structure. For many of us, even though we have our doctorates, our Ph.D.s--what you find is the next thing you get is that you come back and you're doing the same thing you were doing before you got it. And you might have just a little bit more added to it. A little more busy work, committee stuff, whatever. Because there are only so many positions to go around...I might want to move out of this area, because I might aspire to it. Then all of my colleagues that are getting doctorates, maybe they're aspiring to it, too.

Given the ambiguities in terms of upward mobility in nursing schools, none of the participants, except Evelyn, indicated a need or motivation to extend themselves beyond their professorial

roles of teaching, research, and service. At the time of the interviews, one of the participants had recently been appointed to a key administrative position; however, she maintains some teaching responsibilities.

In hindsight, none of the nine participants recalled having the benefit of faculty advisement or career counselor advisement as undergraduates regarding a career as a nurse educator. This may also explain or have had some influence in the kinds of career choices they made prior to entering the discipline of nursing. This may also explain, in part, why none of the participants interviewed had obtained their doctorates prior to the late 1980s although most (n=6) had been teaching nursing for 20 years or more. Karen commented about this void in the career planning of these educators as she has come to realize the collective responsibility of contemporary nursing faculty to intervene early in the career paths of talented/gifted undergraduates and graduates:

...I think there have to be enough doctorally prepared persons to lend credibility from the perspective of the academy. Nursing has to deal with some realities. And you don't become ... you become because you meet the standards...we need to tell our students that from day one. From the first day that we interact with them, this is the beginning of your education. You must prepare well at this foundational level to move beyond this. This is not where you will end. We have to tell them that and start instilling that kind of pride and that kind of belief that we are evolving into something that is on equal parity with everything else in higher education.

Karen's remarks seem to suggest, then, that it was not in the belief or value system of the teachers of nursing in the cohort history of many veteran nurse educators to have given the message that certain standards must be met in nursing and nursing education in order to be considered a profession. So this was but one among many conditions these veteran nurse educators had to overcome as they grew personally and professionally.

According to the participants a critical barrier to their professional development has been the lack of distinction between equal work and equitable work as defined by administrators. Elimination of this barrier, they assert, requires of the administrator to attend to workload issues and view equitable work as fair game in the life of the university. Karen had this to say:

Everybody doesn't have to do the same thing, and we need to look at the nature of contribution...all of the contributions are significant but there are some people who are better at doing some things. So you have to start to make some adjustments in workload so that the whole benefits from the contributions of the many. That's one of the big things that I think we've not come to grips with in nursing. If I'm doing well in research and publication, then you still want me to go in there and teach everyday, like you would, because you go in there and teach everyday. That's absurd; that's ridiculous. But I ought to be able to go in there and teach. And I ought to be able to go out there in that clinical [setting] and supervise those students and facilitate their learning. Which means at some point and time I have got to do some of those things. But I shouldn't have to try to do all of those things all of the time.

In general, there were few differences reflected by the racial background of the participants. For example, the black

participants shared similar experiences related to learning how to survive in the academy and experiences related to developing a professional identity as their white counterparts. However, the experience of being a minority in a predominately white university brought on everyday realities that they had to deal with on an entirely different plane. One of the necessary lessons they had to learn was that there were some differences in the rules of the game...different adversities to overcome. So, trying to carve their own niche in the academy meant dealing with adversities such as "proving one's self fit for the job," social isolation and loneliness. Evelyn, with a strong sense of personhood, tells a poignant story of persistence and resilience in the face of such adversities. The irony of the situation, however, is that the participant did not come to the university as a novice teacher. She had at least fifteen years of experience in several nursing programs at different levels:

A lot of times as black professionals we were told that what we were doing was substandard and wasn't up to snuff...I knew that I was under a microscope, and I knew that I was being observed; I knew that I had to measure up to some standard. I knew that if I didn't measure up to it, I wouldn't last. I knew my capabilities, and I wasn't worried that I couldn't do the work. My biggest problem, really, was that somehow that they were not using my potential, my full potential. Because I had come with a lot of experience...there was also just gaining acceptance and respect by my peers, colleagues...I had to work through that the first year. I guess if there was anything that was traumatic it was that part of it. Not my ability to do, but that part of being accepted. It's a lonely feeling when you step on the elevator going up to your office and people look the other way or they look down, or they don't acknowledge your presence. Or if you get on the elevator at lunchtime, and they don't acknowledge your presence there, and nobody

says, "Well would you like to go with me"...many a day I went and ate by myself. One day I decided I'm going to do something that makes a statement. I turned my back to the door. And I did not acknowledge anybody's presence. I never would look up or anything. The only way they could get my attention was to come inside my office into the space. And believe it or not, when I did that people began to come in...And to walk across campus...I could go all the way across campus to the administrative building and meet people and not have anyone speak to me from that office over there or back. So that's the kind of isolation that I had to put up with. And frankly I had toyed with whether I wanted to remain there. My husband talked to me. I said, "I think I'm going to just leave." He said, "Well you really need to stick it out and try, because," he said, "I think you have a lot to offer." I'm glad I took his advice, because the second year I was there I was finally accepted.

It is not unusual that supervisors/administrators utilize formal and informal ways to evaluate the effectiveness of the newly hired. However, from Evelyn's perspective there seemed to be an underlying suspicion that the amount and methods of scrutiny of her job performance was somehow different. The fact that she was perceived differently was because her blackness made the difference. In order to play the rules of the game, to survive, meant always being on top of things; always being prepared and in control:

When I first came to the school, the dean would always ask, she would always have a student that was in my clinical group that she would call in and talk to, to find out how I was doing. What kind of job I was doing...I don't know whether it was customary or not but I think it would be customary for a black professional. Just my experience and what my history tells me. I know that they have ways of checking, both formal and informal...I've always operated with the principle that I have nothing to hide. And that I carry myself in such a way that if the dean, the associate dean, or even my immediate division chair wants to walk onto the floor, walk into my classroom, anytime, any moment, what

they see is what I'm going to be doing all the time. And I'm happy. To survive, I think you have to do it that way.

In the process of learning the rules of the game, the push and pull, tug of war pace that becomes part and parcel of university life, nurse educators find themselves struggling with work/play/relaxation issues. Ordering their lifestyles to find a "goodness of fit" between their personal and professional selves was a big hurdle to overcome. So learning to balance work and play, in short, is yet another facet of learning how to survive in academe.

Learning How to Balance the Personal/Professional Self: Living Comfortably with Self Personally and Professionally

Discovering that there is a life outside of the university has been a difficult struggle for these competent, exemplary nurse educators. The need to succeed, to achieve, to fit in and become respected members of the university community has meant putting in long, hectic hours which, in spite of the best of efforts, sometimes managed to spill over into their personal lives. Over time, some of the participants developed the knack of negotiating the separation of work and play/relaxation while others admittedly are still working at it. Thelma verbalizes her dilemma:

Life after the university...I don't know if I do a good job separating both. I have learned to do it better. Probably at this time of my life I can say that I'm making greater strides at it than I ever have...I designated an upstairs space for my office and try not to do my work down here (the kitchen). So these are concrete kinds of things that I'm

trying to do separately. But I still, for the most part, grade some care plans or papers most every night and on weekends. Now one of the things that has begun to limit that is that we built a home in the mountains last year. So we go every other weekend. Last Saturday, I spent three-and-a-half hours planning for my graduate students. So even there, I don't get away from it.

A common concern repeated by these women was, as Thelma stated, "not enough time to do it all." While these women appear to know intellectually that they may not ever be able to do it all, the symbolic "superwoman" emerges in their conceptualization of what it takes to achieve and succeed in their role expectations. As Thelma succinctly puts it, "The frustration is trying to manage and trying to determine how you're going to juggle all those things in order to do them all." Karen addresses the issue as a matter of not dealing with role expectations realistically: "I think sometimes we put unrealistic expectations upon ourselves."

So, for these nurse educators the big challenge was to avoid burnout, of being so absorbed or consumed with developing their professional identity that they would not lose sight of their own personal identity. The danger lies in the fact that if the self becomes blurred; the individual may no longer be able to distinguish the personal self from the professional self. Pamela has managed to work through this work/play dilemma by vicariously engaging in activities that permit an escape from the stressors she encounters in her personal and professional life:

I try to get home by six or six thirty. And there's dinner for the family. By nine thirty or ten, I'm sitting down and putting my feet up and reading for awhile, because I love to read trash--I love the Dean Koontz and the Stephen King books. I find those very relaxing at the end of the day. It just kind of takes one off into another world.

Thelma philosophically sums up the realities of her everyday life this way:

What I've come to realize is that the tasks that nurse educators are asked to carry out, is virtually impossible for one person in one role--to be competent clinically, to teach, to do research, and to do community service. What I've come to accept is, I do what I can in each of these areas. That for the most part, that I can give my pound of flesh...my sometimes fifty, sixty, hours a week, that's all I can do. I see the two days of clinical that we do as probably the biggest barriers to being able to feel that I devote enough time for research. At this stage in my life, I pretty well think to myself that: one, I'll never be caught up; two, I'll never be able to do all of the research I want to do; and that being behind is the way of life. And that I have to give six days a week to it. I think that probably the way I'm going to manage it for the next fifteen years is to do some of my research during the summer...we've got to find some better ways of helping university professors who are nurses to find some balance in what the expectations are.

In contrast, Carol, a 30-year veteran, appears to have discovered the magic potion to balancing work and play as she describes:

I enjoy things besides nursing. I don't want my job to be my life. I enjoy teaching. I get a thrill out of teaching. I'm good at it, if I must say so myself. But I also enjoy doing my yard work. I enjoy traveling. I enjoy reading things besides nursing. I can do all the things that the great, wonderful university expects of me if I spend 90 to 120 hours a week. I'm not going to do that because I think part of the reason I'm effective as a teacher is the fact that I can be effective as a person...I don't think that the

expectation of any job should be such that you do not have time to do your personal business.

Overall, minimizing system overload or as Dorothy put it "biting off more than I can chew," remains a problematic issue for these women. As high achievers, these educators find an insatiable need to stretch their talents to the maximum. They tend to wrestle with when to say "yes" and when to say "no--enough already--Charlene is in charge here." So getting a handle on system overload is necessary, these women acknowledge, in order to prevent deleterious effects on the mind and body. Karen verbalizes this point: "No human being can keep up the pace that I've kept up for the past ten years for the next ten years. I've got to find some way to make some adjustments."

These two women share their insight on how they have managed to come to terms with the work/play/relaxation dilemma:

I'm organized...God knows, you have to be organized. I think that helps me to negotiate and manage the kind of workload that I tend to carry. I assume responsibility without hesitation. And sometimes, perhaps I assume too much responsibility, but I usually make certain that everything I'm responsible for is done well. I do that sometimes to my own, not truly demise, but I do enough that sometimes I compromise my health...I don't always know when to say no. If I perceive there's a legitimate need, even if I have to reassess and reorganize my schedule, I'll generally try to meet that need. I'm beginning to recognize that I can't be all things all the time...and just telling people I don't have the time to do it. (Karen)

I have established a very strong peer support system at this point. I think it's extremely important to take care of one's self. Things are very hectic in teaching these days. Things are tighter. There are a lot more stresses. The demands on faculty are much greater. The expectations have

expanded tenfold...and [I am] trying to figure out ways to teach effectively with less time. And at the same time how to take care of me, to make sure that I still have what I need to give. Because teaching requires a lot. I get a lot from it, but I give a lot, too...Looking at the demands of the system, and setting my own priority system...about what I don't have to do. And saying no. And spending time with my friends to keep myself taken care of so that I continue to feel okay about who I am. (Pamela)

Given the ups and downs of the professoriate in the world of academe, these nine veteran nurse educators have met and overcome numerous challenges to their professional role development. They have somehow endured the winds of change: changing times; changing professorial expectations; changing political and societal values. They have withstood the test of change. They have, in short, somehow managed to stay the course because of their courage and strong commitment to their profession. The accounts of how and why these women, these trailblazers in nursing education, have persisted and are staying the course follows.

Staying the Course: A Contemporary and Futuristic Perspective

All total, the nine participants have spent 180 years as university professors. As they moved from novice to expert teachers their career paths have been beset with twists and turns. And yet, they have prevailed--persevered because they are women made up with the "right stuff" to do so. They credit collegial/peer and family support as having been invaluable in helping them to stay the course.

Staying the course has meant keeping themselves personally and professionally fit to stem the tide of pressing social, economical, and political changes in a changing society. One such challenge to their personal and professional fitness has been adjusting to the changing social genre of the university student population. This change in the social composition of the student population has had a significant impact on the way these woman now view their teaching role.

Grappling with the needs of a growing diverse population has presented problematic issues such as the underprepared student, male students, students married or single with children; working single/married students and a growing ethnically mixed group of students. It has meant reassessing their value systems regarding the learner and the self. It has also meant making a conscious effort to heighten their sensibilities to enable them to see through the lens of others, especially those students from different ethnic origins.

The participants' accounts of the significance of this dramatic shift of students within the past five years from a homogenous to a more heterogenous population is summed up by this veteran nurse educator coming to terms with this reality:

First you recognize it's there and you no longer have the luxury of the homogenous grouping of students...It's very, very, challenging...And that makes it really quite different from when I started because I would more than likely have had a homogenous grouping of students. So everything applied to everyone. (Pamela)

Meeting the needs of a substantial number of underprepared students who encounter difficulties with reading and comprehension, calculation, and writing is a pressing concern among nursing faculty. With so little time to teach nursing content effectively, having to work with students who are struggling with the "3 Rs" places an additional burden on an already taxing faculty load, as Carol comments:

Because nursing is increasing in complexity, we've got to recruit better quality because they're going to be asked to become more and more independent as practitioners. And they're going to have to come in better prepared. I think nursing needs to get very much involved with secondary education and the Department of Education in helping to recruit, in helping to keep kids in school and collegially-oriented instead of technically. You develop remedial courses and you're back again teaching them what they should have learned in secondary school before they go to you...I think one of the things that schools of nursing...most of the [nursing] courses do not have any writing component. So the students are going to be professional nurses. They're going to have their baccalaureate but they're not learning to write. And I think we've got to work with that part of their professional courses.

A majority of the participants (n=8) reported having had either very limited or no pedagogical instruction on teaching and learning styles in their graduate curriculum. Much of what they know about teaching and learning styles has come about primarily through both formal and informal continuing education and experimentation. Naomi's comments on how the challenge of changing demographics have had an impact on her teaching effectiveness:

It's about trying to develop a program and trying to develop teaching strategies that are applicable and meet the needs of different pools of students that we're getting. And so I think that's the challenge for us in education. But to me that's the fun part--where you have to look at what type of organizational climate you need to put in place in order to make sure that your diverse student population is nurtured and that they become successful. You have to be creative and you have to be innovative in terms of what you're going to do...it makes me learn new (and) creative ways to deal with the challenges.

Another significant impact of demographic changes cited by three of the participants is the declining availability of adequate financial and/resource to assist growing numbers of students, single as well as married, with their education. Given the complex obligations that students in today's world have to deal with, and because of strapped finances, substantial numbers find themselves having to work many more hours in part-time employment than is realistic to effectively manage the heavy demands of the nursing curriculum. This economic dilemma has had several significant implications for nursing faculty, not the least of which is dealing with the conflict between the teacher's valuing of maintaining high academic standards and the press to lower academic standards to prevent a substantial number of students from failing. One practical solution has been making adjustments in attrition strategies in order to maintain enrollments without compromising academic integrity. Thelma comments about the problem:

A big, big problem we have with our undergraduate student population and to a large extent with our graduate students ...they are working. Finances are a big problem. In the

olden days students did not work; they went to school. That's all they had to do. Nowadays we have some students working; we have some students going to school full time working 40 hours a week. They can't do that; so the student gets frustrated and angry. Then teachers, in order to survive, lower expectations because otherwise the whole system will blow up. We now have a two-, three- and a four-year program of study to try and accommodate these students who have to work and need to take a reduced load over a longer period of time. We're just planning for that. We should have done this 10 years ago, because that's when we started noticing more and more students coming in who had to work.

The issue of the need to increase minority representation on predominantly white campuses is a growing and intense concern as echoed by two minority faculty members who teach there. Given the prediction that by the 21st century minority groups will gain significant growth in the general population, black nursing faculty are troubled about the possibility that there will not be enough minority representation in the nursing profession unless schools of nursing soon begin to respond earnestly to the wake up call. Evelyn asserts: "Schools of nursing are going to have to go ahead and bite the bullet, so to speak, and accept the fact that they're going to need to open up their doors to more minorities." Karen elaborates further on the criticality of this issue; speaking passionately and eloquently and yes, angrily, about the immediacy of her white counterparts' need to commit themselves to becoming more culturally sensitive to ethnic minorities:

The most critical issue in nursing education in my opinion is the need to stop giving lip service to diversity in education and to make some legitimate attempts at

establishing some diversity in nursing education...I'm speaking specifically to the recognition that there are numbers of minorities out there who could make a significant contribution to nursing if they were actually given the opportunity. Opportunity in my opinion is not [merely] admitting [minority] students into the program but recognizing that there are different teaching-learning needs and different teaching-learning styles and beginning to cultivate among nurse educators the actual implementation of all that teaching-learning that we have acquired over the years. And all that individualization that we say that we use with patients, we need to use it with our students, particularly with our students of color, who do not learn, necessarily in the traditional eurocentric perspective.

Karen continues, voicing her concerns as well as frustrations with the shortage of minority faculty representation in higher education and minority practitioners in the work force. Stemming the tide against a poor showing of minority representation in the nursing profession, she argues, must begin at the grass root level, higher education, with a strong commitment toward recruitment and retention efforts. Her activist role in trying to make a difference points to a woman of strong courage and conviction. And yet she feels uncomfortable with being what she calls the conscience of the group:

We still in nursing make up all sorts of excuses for why we can't find qualified people of color. I don't buy that. The fact [is] that I am a person of color, and there are many other people like myself who could function well in nursing education, in nursing as a practice discipline, in higher education, if there were legitimate supports for those people...the supports do not in large measure exist in higher education, and certainly not in nursing education. I don't think there's a legitimate commitment at this point to really increase diversity in nursing education or in nursing as a practice discipline at the professional level, so consequently I find myself trying to mentor minority students, particularly. I find myself always attending numbers of programs that are directed toward supports for

ethnic and racial minorities, and trying to bring that information back to my colleagues, and encouraging my colleagues to try to attend some of these programs with me. I find myself almost as the conscience of the group and I don't like that role because I think the responsibility exists among all educators to make certain there is some sense of diversity in nursing, the profession, and in nursing, among nurse educators...I continue to try to demonstrate through my behaviors the necessity of nursing responding more positively to people who are different.

Staying the course for these veteran nurse educators also has meant grappling with the realities of several practice and educational issues that they believe are germane to their continuing professional development. Having a strong commitment to their profession, these women are not satisfied to rest on their laurels or fall into the category of "dead wood" among the ranks of nursing faculty members. They consider professional development, like learning, as a life long process. As one woman commented: "I think that when I cease to learn, I should cease to exist."

Thus, a critical aspect of professional responsibility and accountability for these exemplary, frontline educators is keeping themselves "professionally fit." For some this has meant taking on activist and advocacy roles when it comes to matters of strengthening professional standards in nursing education and nursing practice. Four educators, for example, spoke adamantly about the continuing controversy surrounding entry into practice levels. Thelma sums up their views:

We've done a very poor job of delineating the difference between the ADN, the diploma, BSN, the master's, the

doctoral levels in nursing. I think a lot of people still see a "nurse is a nurse, is a nurse." The whole issue of entry into practice is pronounced and I'm very acutely aware of that because in psych nursing right now, we have very few positions in this state for master's prepared psych nurses. In fact in the Mental Health Center, they may have an A.D. grad or a baccalaureate grad; particularly will they hire an A.D. grad. And the A.D. grad has nothing in their educational program that would prepare them to work in a mental health center. They don't have community [nursing education]. They don't have any kind of supervised counseling experience. I don't know upon what basis they hire you...well, a "nurse is a nurse, is a nurse"...It is extremely urgent that we delineate educationally the differences between these levels; and then hold delivery systems accountable for putting people in positions where they do not have the educational preparation to carry out the position. If I see one more time that a nurse can either have a master's degree or four years experience, I'm going to throw up! There's no [other] discipline that replaces educational credentials with experience.

Three of the participants regard defining relevant content for the practice of nursing as a crucial issue in nursing education. The quandary in nursing education, they believe, is pinpointing that critical mass of essential content, because there appears to be a discrepancy between what the principals in nursing education believe graduates need to know to practice nursing and what the principals in nursing practice believe graduates need to know. At the center are the major principals, the graduates, who question whether they have the knowledge and skills to survive in the work place. Carol comments:

The boards [credentialing exam] are still measuring what we thought was essential content 25 or 30 years ago, but more and more nurses are not practicing in a hospital. As that becomes a reality, I think we're going to need to rethink what nurses need to learn about practice, in terms of clinical nursing practice...We may have to go to specialization at the undergraduate level. I don't know if

it's possible for us to teach them everything they need to know. What these service people are telling us is that we're not teaching them what they need to know. And that they have to do a lot of work with them after they're in practice. But what the students are telling us is that "you're not teaching us what we need to know in order to survive once we get into practice." So I think we have some real discrepancies about what is essential content in nursing programs and nursing practice.

Among the most commonly shared concerns related to staying "professionally fit" was the issue of faculty practice. The participants' opinions about this issue were closely tied to their perceptions of what it means to be and remain competent to teach nursing, especially the clinical component. They offered conflicting philosophical views about the meaning of clinical faculty practice as it relates to clinical competency. There was, however, a consensus among the participants that being competent in the practical sense, means that the nurse educator has to be a skilled practitioner.

The implicit meaning appears to be that the nurse educator inherently has to engage in some type of hands-on activities in a clinical setting where students are involved and thus manage to keep clinically competent. The explicit meaning, the meaning embraced by those nurse educators who ardently supported the concept of faculty practice, appeared to be that the nurse educator has an active, planned and intense encounter in a practice setting in order to keep current and to remain technically sharp. The need for authenticity, for validating themselves as accountable, responsible professionals, they

believe, requires active duty in the practice setting. Some of their statements of contrasting views follow. These three women, for example, appear to identify more with the implicit meaning of faculty practice as it relates to maintaining clinical competency:

I think clinical teaching is faculty practice. I don't think it is necessary for me to go and find a pediatric clinic or go in and say, work two evenings a week in a pediatric setting. I think it is important that I have contact with pediatric patients in some way to maintain my own skills. But I don't know that I need to have to develop an independent practice kind of thing in order to do that, because I think teaching is practice. It's not only [the] practice of teaching, but it's also practice in the practice of nursing. If I'm interacting with a student who's caring for a patient, then I have got to be knowledgeable about what's going on with that patient. In fact, I usually know more than the staff knows because I have to dig into that much further, but I've got to be able to do those things. I think clinical teaching is practice. And I think that's got to be acceptable...I think that's one of the things (faculty practice) some faculty may need to do and want to do and that's perfectly appropriate. But I would hate to see us ever again get into a situation where all faculty felt that they had to go out and work in a clinical setting in order to be considered maintaining their skills. (Carol)

A competent nurse educator has to be a competent nurse practitioner. Not in the formal practitioner sense, but a practitioner of the art and science of nursing. Which means she's got to be able to do what she talks about. That doesn't mean that you've got to be able to run a unit or manage twenty-five patients or some of that kind of thing. But in any given nursing situation in which you find yourself with a student you've got to be an exemplar of the art and science of nursing. You've got to be intellectually on your feet in terms of being able to respond to questions in a way that help students synthesize the experience that they're having. (Naomi)

To me, faculty may or may not choose to practice outside of their role in the school of nursing...As an educator in a clinical setting, I always practice along with students,

demonstrating skills and really helping perform total care...So, if faculty in their teaching role and practicing 18 hours, I really think they're able to keep up with their skills. Some faculty choose to practice outside of that role and while I think that's an excellent choice for them, I don't think that's mandatory for a nurse educator. Because you're probably looking at at least a 60-80 hour week when you do that. (Sue)

In contrast, these three women offer a more explicit interpretation of their concept of faculty/clinical practice as it relates to maintaining clinical competency. The majority of the educators (N=5) expressed similar views:

A nurse educator particularly needs to be clinically competent--meaning that person must keep his or her skills current. And if that necessitates your going in and doing some p.r.n. [part-time] work periodically, or working as an adjunct faculty person with a clinical agency, or doing a consultation with clinical agencies where you actually get in there and do some of the practice yourself sometimes, other than just directing others in the practice. I believe it is critical because whether you teach undergraduates or graduate students, you have to know something about what you're doing other than that which you read. And the best way to know something about which you're doing is to be able to do it. (Karen)

Maintaining some kind of clinical practice is terribly important. I might put that even higher up on my list if I were really trying to prioritize these things. I don't think quantity of practice is necessary, but unless I have my clinical practice going, I don't stay real with students. (Pamela)

We're educators but we're teaching students to practice...If you don't know what it is to be at the entry level and to practice and what the problems are, and what the rewards are, and what the possibilities are; if you don't know on an expert level, it is very difficult to prepare the student for the level...When I talk about being competent at the practice level, I always go into the clinical area and work. Not as part of being there with the students, but on the staff nurse level. So I have that first-hand experience; I

will use that in addition to the knowledge from the textbooks in teaching. (Dorothy)

Thelma agrees that in order to be clinically competent, a nurse educator must maintain "some viable skills in her field." At issue for her, and what appears to be an underlying issue among the participants' differing philosophical views, is defining what constitutes the "practice setting" for a university professor of nursing education. She comments:

I don't know that I would ever be comfortable taking students to clinical if I were not clinically competent. I always confuse those surveys that I get. When they say to me, "Do you practice clinically?" or "Are you clinically competent?" I always answer yes. And then they'll say, "Well, how do you maintain your competence?" And the answers [options] are always, "Do you work in a hospital?", "Do you this, this and this?" I always say practice in a university setting which is not what people are asking me, or what they want to know. But like when you go back to work in a hospital in a clinical setting and work as a staff nurse, you're not utilizing your education. I mean, you have a master's degree as a clinical specialist, so ideally to remain clinically competent, you should be practicing at least at the master's level.

One of the criteria for selection of the participants in this study was that they were described by colleagues, students, and administrators as exemplary, competent nurse educators. When these women were asked the question, "What is your perception of a competent nurse educator?," their responses tended to capture holistic as well as humanistic values. Their descriptions also seemed to capture the degree of comfort with their professional roles, a testimony, as it were, of their current level of maturity in those roles.

In general, the participants regard active engagement in the three professional roles - teaching, research, and service - as part and parcel of being competent. Networking with colleagues in their own discipline and in other disciplines is viewed as a value-added feature of competency. So, being and remaining competent means the individual is an active participant in the learning process. The individual is one who has, as Dorothy so quaintly tells it, "an insatiable curiosity. When you become satisfied, then you need to go plant flowers and putter around."

Among the various responses given by the participants, Karen's response seems to capture the most global or broad-based meaning:

The individual needs to be knowledgeable, needs to be articulate, needs to be aware of teaching-learning principles; needs to be clinically competent...A person who makes a significant contribution to his or her discipline. That contribution, by necessity, needs to come through some research involvement and some degree of publication. I think that person has a responsibility to extend to the outside world some information about this or her discipline so that others begin to understand the value of that discipline or that profession as a contributing component of society. And for that reason, I think you have to extend yourself into the community by representation on community boards, or through some community projects, such that there is an articulation between the university and the general society at large.

An important aspect of Pamela's views on being a competent nurse educator is the embodiment of humanistic qualities, the valuing and nurturing of the self as well as the valuing and nurturing of others, in her interactions as well as transactions

with them. Each encounter, she asserts, is an opportunity to learn:

.....responsibility to take care of ourselves personally so that we have the energy to devote to our work... it's a valuing and caring about people, whether they be learners, or patients, or whoever, so that we can work together and learn from each other. At my stage of development to dialogue with my colleagues on a national level. I do that through either workshops, presentations, or research. But that networking with other nurses around the country doing similar things...that's another way to keep your energy level up, and to keep the knowledge base up; to keep me in a position to give more.

To sum, staying "professionally fit"--staying the course for these educators requires of them, at this point in their career, redefining their personal and professional conceptualization of competency.

An important aspect of the participants' strong commitment to their profession, and a key to their persistence in academia, staying the course, is their introspective attention to their personal and professional strengths as well as limitations. The guiding tenet seems to be "to thine own self be true." So, over time, these women have developed ways of knowing about themselves, their strengths and limitations. Not surprisingly, their assessments are closely linked to work and play issues. For example, Pamela admits she is still struggling with time management and limit-setting issues related to her faculty roles:

I have to find a balance between service, research, and what I feel is the essence of teaching. I tend to want to do it all...I've made some strides...probably my greatest weakness is my ability to limit what I can do and do well.

The most common description the participants gave of their strengths was their confidence in themselves as competent teachers/clinicians. As Naomi comments, "I think my belief in myself is a strength. And on top of it, my knowledge and my competence as a nurse." The second most common description given of their strengths was their ability to interact effectively with their students. Their relationship with their students emerged as a powerful topic among the educators. An obvious shift in the teacher-learner paradigm has occurred among a significant number of the participants. This transition in thinking about teacher-learner transactions has evolved from a primarily prescriptive model (transmission of knowledge) to more of an empowering or liberating model, with the educator recognizing the critical need to facilitate the path for students to empower themselves and develop a sense of ownership in the educational process. Fundamental to that process is guiding the students to value themselves as individuals and modeling that concept in principle and practice.

Naomi, a strong student advocate, speaks of her conflicts with working through this empowering model. For her, the struggle is finding the right mix when it comes to dependent, versus independent/interdependent issues. The tension created by this dilemma is much like parenting: deciding when to hold on and when to let go; for one of the most difficult aspects of parenting is deciding when not to parent. She recounts:

I think I do a good job interacting with students...And being able to work with students to help them identify their strengths and weaknesses. And, of course there were some students whose self-esteem was not where it should be...so that was part of what I did in terms of working with students, trying to help them enhance their self-esteem, their self-confidence, because to me that is the root, that is the foundation, in terms of what you are...what I was doing was empowering the student, helping them to empower themselves. I listen to students; I listen to what they are saying ...because if you don't listen, sometimes you miss what is really happening to the student. I don't know if this could be perceived as a weakness, I guess it could be perceived as both - it depends on how far you carry it. And that is ...wanting students to be in a certain place when they aren't. And that was because I wanted them to achieve so much...I wanted them to maximize their potential. I became impatient. I recognized that that may have been my goal for the student, but that may not have been the student's goal. The student may have felt fine performing at a C level, versus a B or an A level. So, I recognized that was a weak area of mine, and picked it up when talking with students... I [began] to recognize that they were the clients. So, when I would meet with them I'd say, "What is it that you want to do? What do you want to be? How much do you want to learn?" Then I would tell [them] these are the behaviors for performing at A, B, or C level. You tell me. I will work with you at whatever level you want to perform. I would tell them that I had high expectations, but if you say to me I really feel that's not where I am, I'll say that's fine, but you have to understand that based on...where you are that your grade will reflect that...you are choosing to do C work or whatever because I can't make these decisions for you.

An interesting dichotomy with regards to student needs/empowerment issues is that sometimes these educators become overzealous and tend to over-identify with students as Evelyn admits:

If I have a weakness, its worrying about students. And perhaps, as my husband says, I bring it home with me... trying too hard to be a perfectionist.

And Laura's comment:

I tend to get over-involved with students. What I've come to realize is that students cannot be my only focus.

Common areas addressed as limitations included deficits in research and publication activities. Few addressed involvement in professional service organizations and service-oriented activities as a weakness, but one participant, a veteran of 30 years who gives herself very high marks on teaching, but low marks on research and service, comments:

I think my strength is my teaching and my role modeling. I think I am not as politically involved in nursing as I should be. I'm not as involved in the profession of nursing and nursing development. I'm a member of all the right groups, but I don't attend and I think that is a weakness. As an academician, I certainly haven't done the degree of publishing, I've done some but not the volume of it that gets you credit. I don't think that's a deterrent perhaps to my teaching, but I think it's a deterrent perhaps to my professional credibility.

In contrast, Karen, a 15 year veteran, in evaluating her strengths and limitations seems to be much further along in her professional development as a university faculty member. In addition to her teaching and clinical competencies, for which she gives herself high marks, she also feels one of her strengths lies in her developing research skills. According to Karen, her research talents have been acknowledged by colleagues on both local and regional levels. Her weakness, as she describes it, perhaps lies in her tendency toward perfectionism:

I am developing into an excellent researcher with substantial research skills, that at this point, actually my research skills are recognized locally and regionally. I share very readily the information I do have and I do that without hesitation. I have colleagues who tell me I share too much. That may be, but I don't think one should have the skills, and the experience, and the competencies and keep them to oneself; otherwise I don't think it's very valuable. I'm a little bit inflexible about things that I have strong convictions about...learning is one of these things. So, I don't relent in my expectations. My expectations of students, as my expectations of myself and my colleagues, are high. If that creates inflexibility, the fact that I don't give in on those, then I guess I'm inflexible. So I have tried over the years to work on that. Persons who have been immediate supervisors have seen that as a weakness. I have attempted to work on being less rigid in how I apply those standards, but I have not relented in applying high standards. I've seen some improvement over the years because I'm a little more tolerant. I used to be very intolerant. But I have developed a little more patience over the years.

Writing for publication, in general, was viewed as a limitation among the participants. In some cases the work of writing was perceived as difficult, laborious--a dread, even painful. In others, it was a matter of self-discipline and of time management--either having enough time or setting aside time to do it. These women acknowledge, for the most part, that they have no substantial "paper trails," so struggling with how to meet this professorial expectation--how to bridge over this troubled water--this credibility gap--is a common source of tension even at this point in their careers:

Writing is very tiring for me. I hate writing. I just hate it! So, anytime I have a half day set aside to write, I am miserable. I try to team up with people that write well--people who enjoy writing and do it better. (Pamela)

And, as Laura laments:

I guess the major thing is that I'm not a person who really likes to sit down and write. Writing is mental. It takes a lot of mental energy to do that. I guess I just had not settled down to that mental task. I guess that was one of the things that hindered me from moving as quickly into finishing the dissertation. It was because of the self-discipline that I did not conquer in terms of getting down to it. Thinking is painful. But if you allow yourself to begin and allow your mind to start working with them [ideas], the better they will flow. But if you make little effort to get started in that direction, nothing happens.

Because most of the participants acknowledged that the area of research development still presents a struggle for them and is not one of their strong suits, one of the continuing concerns reported is a need for solid, expert support in this area. The participants varied in their assessment of their research capabilities. Only three of the participants in particular seemed to have developed a degree of comfort and skill in this role. Others seem to be at various levels of maturity in this role. For these women, it seems, it is the individual and collective responsibility of colleagues who have developed some expertise in research methodology to help them overcome this credibility gap in their profession. Having this kind of necessary support, then, is crucial to their professional well-being. It is like having "a spoonful of sugar to help the medicine go down," as these two women verbalize:

I think in terms of research development in particular, having a mentor is very important to help you organize your research, and to help you push your findings. I think it

will be very important for those who succeed in that role to share their expertise with others. (Sue)

We have hired a research person. She's now functioning as a director of the graduate program and research coordinator, which is making research a little bit easier and probably more palatable, in knowing that we have some support to do it and get it done. Having this kind of support is probably one of the biggest things that's important to helping nurses who are university professors internalize this role and see it as manageable. (Thelma)

While collegial support was most often mentioned by these women as supportive and strengthening to them in their career development, rarely was there mentioned in their conversations, at least directly, of demonstrable support and encouragement of the dean or directors of their programs. However, Pamela tells of the impact of her director's influence in helping her "see" the significance of developing writing skills as an important component to her professional development:

I remember when _____ came here 15 years ago. She met with all the faculty, and she was talking about faculty goals. She asked me about writing, and I said, 'I hate to write.' And she said, "But you have to. And you're going to have to either talk into a tape recorder or quit talking long enough to write. Because as long as you take care of all your needs of expression talking, you're never going to feel compelled to write. You can reach a lot more people by writing than you can by talking."

A bulwark in the staying power of these veteran nurse educators has been their collegial (peer) and family supports. And, as one woman said, "My faith in God." With regard to family relationships and support, in particular, the demands of the university professoriate, in addition to the pressure that they

placed upon themselves to meet those demands, have at times created stress and strain on those relationships. In some cases, the individual's drive to achieve, to succeed in her career, has been costly in terms of the relationship. For example, in one participant's situation, her need and drive to achieve and succeed in her career placed so much strain on her marriage that her success and striving contributed to a divorce.

Having recently completed the doctorate, Laura had this to say about supports along the way:

I've had good support systems generally. But, I've had some hindrances, too. There were family members that were just superb on support. I guess support in terms of hearing things like "I think you're doing great," "continue to do what you're doing," "don't let some other things get in your way that will hinder you from getting done, from reaching your academic goals." I had pretty good support in some instances, but in other instances, it's been taxing. And sometimes the taxing situations would get a little bit overbearing. But, I was able to rise above them and hear this good input coming from your other family support.

In commenting about spousal relationship in the face of her career demands this woman commented:

Initially, my husband's comment was, "I knew you were going to be conscientious about this, but this is ridiculous." Because, that's the way I approach everything that I do. but I think he's come to accept the fact that I will do some school work at night and on weekends. He doesn't particularly resent it. He's a very easy going, very supportive kind of human being, who feels that after 30 years, he knows me and accepts me as I am. (Thelma)

The love, understanding and support of family members, of course, is priceless and is a source of strength to the educator;

but, family members, more than likely, have not walked in those nurse educator's shoes. It is only through observation that they may see even a glimmer of what it is like to be a nurse educator. But, a colleague does. Thus, an important piece of the professorial equation is collegial support - the networking, the dialogue, the sharing, the comradery. Thus, the need to affiliate with or to belong to one's professional community is crucial to validating one's professional well-being, as reflected in these two women's conversations:

Collegial relationships are most supportive. The fact that you would have a group of people that are faculty who have similar interests. I think there is a cross-stimulation and a degree of intellectual involvement that is different than you have as a staff nurse. I think faculty tend to be less job-oriented in terms of "it's a job." If you want to be a faculty member you make a commitment to the pursuit of higher education beyond your degree. (Carol)

I think probably having had people show me that they have a confidence in my ability is important. Because if your colleagues or your supervisor doesn't believe in you and what you can do, it makes your job difficult. I've had the support, and then again that had to do with my own personality and how I'm able to reach out to people, pulling, getting what I need from them. Because you do have to do a certain amount of reaching out on your own. It's not necessarily going to come to you. (Naomi)

Staying the course for these exemplary educators has also meant having a plan, a course of action to keep "personally and professionally fit" for now as well as for the future. For seven of the nine participants, the realities of teaching will culminate in retirement within the next 5 to 15 years.

As the world stands poised to take the quantum leap into the 21st century, these women of vision paint an exciting and optimistic view of the future of nursing and nursing education. As Karen comments, "It's a good time to be in nursing." The individual as well as collective responsibility of nursing educators and nursing service to unleash the potential for nursing's greatness into powerful reality is subsumed in the voices of these long-time stake holders in nursing education.

The hopes, the beliefs, the possibilities of nursing and nursing education to truly emerge and be regarded from within and without as a credible profession is at the heart of their messages. All of the participants acknowledge that nursing and nursing education as an academic discipline, is not where it ought to be. But, it is a long way from where it used to be. The major obstacle for nursing continues to be the "image problem." As Thelma concedes:

We've got to change that image. The public doesn't know it, the legislatures certainly don't know it, because we've not articulated well to them what nursing is...and nursing is a profession.

Thus, one seems to hear through these educators' voices that as nursing and nursing education stand today, the battle lines certainly are drawn, but the troops need to regroup before charging up academy hill to defend and win its' professional honor. Karen's words of hope, excitement, and enthusiasm seem to capture these women's visions best:

I see myself very intricately involved. I think nursing education has a bright future. If we take individually and collectively from our advanced education, and help the rest of the university see that we are viable, contributing components of higher education, then that's going to be the most positive thing that we can do for all of nursing education. As we move towards the baccalaureate as the legitimate entry level into nursing practice, as well as into the educational vein...we are going to create a climate that suggests to people that the standard really is an academic standard. I'm excited about being in nursing at this time. I feel pretty much like Carl Rogers: I believe that there is the possibility of becoming. All we have to do in nursing is allow ourselves to become...I think eventually there will be enough of us who are innovative, and creative and visionary, that nursing is really going to evolve into what we really want it to be. And that's an academic and practice discipline in its' own right with a research base to support it. With our research being disseminated very clearly and very distinctly, in written as well as verbal format, so that people start taking us very seriously. That's what I think we can be. That's my hope. That's what keeps me going.

At the heart of the image building issue, Thelma argues, is the role of nurse educators in student empowerment. Her convictions seem to stem from her own philosophical view of the power of the teacher to mold and shape students' behaviors and attitudes. Consistent with the traditional culture of nursing schools, nurse educators have failed to effectively socialize beginning nursing graduates for entry level practice. Consequently, these graduates lack the skills to negotiate, to be assertive, and to communicate as a unified voice to those in positions of power in the workplace, what their rights, needs, and positions are. Until nurse educators themselves break the cycle of unempowerment by first becoming empowered themselves, i.e., overcoming or strengthening significantly their own

professional identity, she charges, then graduate nurses--the frontliners in their workplace--will continue to feel unempowered:

I think a big part of nursing for the future--it applies to the biggest majority of students who are women--is empowering nursing students so that when they go into practice they feel like professionals. Other professionals seem to be able to do that much better than we do here in nursing. I think part of the problem is one, that they haven't been socialized to feel empowered. I feel part of it, too, is the way we educate them...the way we feel about ourselves. When we feel like empowered people, because I think that just as we have an influence on our children of giving them our philosophy, that we in some ways have the same opportunity to [do] that with nursing. But we don't help them feel empowered. There probably needs to be some kind of transition for them. We call them (the transitions) internships or preceptorships, which in my opinion have not been terribly effective.

The most common theme that emerged from these nine women's futuristic view of nursing and nursing education is the hope and belief that nursing and nursing education, at some point in the 21st century, will become a more credible discipline, worthy to be esteemed among the ranks of other disciplines within the academy. With this faith in their profession, these women continue to press toward the high mark of their calling--the teaching of nursing. It is this faith that keeps them going--staying the course.

Summary

Four major categories were extrapolated from the raw data generated by the nine participants in this chapter. Significant themes which emerged from the major categories were issues and

challenges related to the participants' perceptions of functional teaching role development and socialization to the professional role amid changing expectations for nursing faculty. Colaizzi's phenomenological analysis was the methodology used in content analysis and synthesis to interpret the participants' accounts of their experiences as nurse educators. The humanistic framework for further interpretation was adapted from Maslow.

In Chapter V, a structural description of the findings generated from the participants' accounts of their experiences as university professors in schools of nursing will be presented.

CHAPTER V
ANALYTICAL INTERPRETATIONS AND CONCLUSIONS

Researcher's Perspective

I undertook this study for both professional and personal reasons. I wanted to learn from exemplary veteran nurse educators the process by which nursing faculty, whose professional orientation evolved from that of a nurse in practice, made the transition to the professional roles and expectations of a university academician. I queried if there were certain identifiable needs, motivations or characteristics that influenced the nine women in the study to become more or be more than a member of the "status quo," to make the quantum leap into a professional stratosphere in which, in most cases, they were not necessarily prepared or equipped to survive.

I have learned since undertaking this study that the professional role development of nursing faculty in baccalaureate and higher degree programs is a complex phenomenon associated with extrinsic and intrinsic forces that have an impact on the personal and professional self. Individual attributes, personalities and characteristics are critical modifiers which add significant dimensions to the phenomenon.

Captured in the stories of these nine teachers of nursing is a message of truth and beauty which transcends the "pomp and circumstances" of the university culture. Through the perceptual lens of these women who chose to persist and prevail in the world of academe, I was drawn into a fascinating experience of discovering the meaning of their world as lived in the sociocultural context of the university.

Because much of my analysis is dependent upon my own interpretations of how a nurse in practice makes the transition to the role of the professoriate, I shall present my own background before addressing the issues which evolved from this study. I am currently a senior faculty member who has taught at one of the nine nursing programs in the University of North Carolina System for the past 17 years. Prior to my first appointment as a university faculty member, I had taught in a diploma program for three years. Before that, I had previously been a nurse in practice for five years.

My career as a nurse educator actually began coincidentally; it was not a goal-oriented choice. I was an assistant nursing supervisor at the time the director of nursing service and school of nursing (She held a dual position) offered me a position as an instructor in the school of nursing that was affiliated with the hospital where I was employed. Somewhat dissatisfied with my

position at that time, I reluctantly accepted the director's offer, explaining that I did not have any teaching experience. The director expressed confidence in me, offering to help me (mentor me) to learn the ropes. However, because of her very busy schedule, I received very little help from her. I recall on one occasion of being advised by the director to observe a "master" teacher who taught at one of the other local diploma programs. I took her advice and observed this "master" teacher in action. (She was an excellent teacher). Basically, this was the extent of my orientation to the world of teaching in a diploma program. My credentials: an RN with a Bachelor of Science in Nursing degree.

I was actually left alone to find my own way. Seasoned faculty members either did not have the time or did not find the time to either guide or nurture the "new kid on the block." My maiden voyage across the sea of diploma nursing school as a teacher was an academic nightmare. My tendency to shy away from asking for help further heightened that nightmare. Preparing for class was a distressful process and I had no model to rely on--no teaching skills. Clinical teaching was just as distressful. While I felt comfortable with my own clinical (technical) skills, I felt very limited in getting that knowledge over to the students. My first job in teaching was more like "training on the job and under fire." In many ways, my early experience as a novice in

education was like a pilot with malfunctioning instruments who is forced to fly the plane in by the "seat of his/her pants." Placed in this plight, the pilot is in a very precarious situation; it is possible he/she may not survive.

Unconsciously, I developed a style of teaching and teaching behaviors which mimicked the teaching styles of former teachers (from grade school to college) whom I perceived to be "good teachers." The students somehow learned. Toward the end of my second year of teaching in a diploma program teaching was "in my blood".

Learning about a faculty position at a local college which has since become a university, I applied for the position and was hired with only a BSN and five years of teaching experience in a diploma nursing program from which I had earned the reputation of being a "good teacher." The BSN was the minimal requirement at the time, although the master's degree was preferred.

My confidence as an "experienced" teacher began to plummet as I began to test the academic waters of a college setting. The uneasiness and uncertainty that I felt as a beginning teacher in a diploma program, contrastingly, was even more intense and intimidating (if that was possible) because I knew I was affiliated with an academic setting that required different expectations. I felt ill-equipped to handle or meet those expectations. For instance, at the time of my appointment, I was warned by the dean of the

nursing program that I would have to obtain a master's degree within five years of my appointment or risk being terminated. The master's degree was considered the terminal degree for nursing faculty who taught at the university level.

There was no structured or formal orientation program for new faculty in this setting. I had no idea how a university faculty person was supposed to behave. I found myself observing and trying to mimic how the seasoned faculty members executed their roles and functions. At this new crossroad in my career, I still lacked any formal preparation for the teacher's role such as theory and curriculum development. I continued to do in this setting as I did in the other: didactic lectures from which I expected the students to regurgitate. The art and skills required of a university professor, I became painfully aware, were strikingly limited in my academic repertoire.

My underdevelopment as a teacher with regard to role expectations was, in my view, symbolically validated by the dean. For example, I was never relegated any "serious" committee assignments during my first three years at the university. Usually, I was assigned to the Social Committee. This did nothing for my self-confidence or self-esteem.

Thus, a strong motivator for my decision to enroll in graduate school was job security. I liked teaching. I

liked working in a university environment. On a superficial level, I maintained a psychological hype, that I had arrived in my professional career because I was a university professor. (Was I in for yet another rude awakening!). A second motivator, which I believe was just as strong as the first, was my desire to become more competent as a nurse educator. A third motivator was the need to be recognized by my peers and colleagues as having the proper credentials. During this period of time, the master's degree was recognized as the terminal degree for nurse educators in university settings.

My decision to go to graduate school for the master's degree meant leaving behind a husband and young family because the distance was too far to commute. That was an emotionally distressful time (my youngest child was only five years old), but strong family support and encouragement enabled me to act on my needs and collegial expectations. I was excited, yet scared, for there had been a long drought (16 years post baccalaureate) in my academic engagement as a student learner.

The graduate program met some of my professional development needs; for example, major emphasis was on the clinical component of nursing (especially practice). However, only a limited amount of comfort was directed towards areas I felt I needed more knowledge and skills in, such as teaching skills, curriculum planning, writing

objectives, test construction, etc. I recall only one instructional course with a limited practicum component. Emphasis on the development of the educator's roles appeared to be a hidden agenda, that faculty believed students would, perhaps, learn vicariously.

I felt a great sense of accomplishment, having obtained the master's degree. This credential paved the way for my moving from a non-tenured to a tenured track, and I felt that I had earned the respect of my peers, now that I was "one of them." I believe I showed tremendous growth as a teacher over the years since obtaining the master's (teaching continued to be the major emphasis and mission at that university). More importantly, I had earned the reputation from students and colleagues alike as being a good teacher. And to me, my worth was symbolically affirmed through the dean, who appointed me to the more "serious" committees, and by my colleagues who elected me to a key university-wide committee. I began to, I believe, intuitively become more acclimated to my educator role and more satisfied with that role. But, the wind of change came pounding at my door yet another time to stir up the academic waters. I found myself, once again, caught up in a changing expectation regarding my professional life as a university faculty member. I had gone as far as I could go up the academic ladder with regard to rank with a master's degree. Unequivocally, I could move no further in terms of tenure or

promotion without the doctorate. Additionally, I became painfully aware that, other professional expectations, such as publication and research were gaining more weight in my particular academic community as conditions for advancement, although the emphasis on teaching excellence remained the more heavily weighted criterion.

Once again, I began to wrestle with the realities and uncertainties of my life in the academy. I was forced to bare my academic nakedness to the truth and the light in terms of my professional development, I was not where I should be, and ought to be, given the years of service I had given to the university. The need to survive and remain in academia, to tap the underused talents and potentials I have, to grow and be more and more of what I can become is up to me, obtaining the doctorate is merely the beginning. This truth, I believe, shall set me free. And, it is this truth, I believe, in essence that has been an empowering feature illuminated in the personal and professional lives of the nine women in this study.

The purpose of the study was to discover the perceptions and meanings held by veteran nurse educators about personal and professional role development within the sociocultural context of baccalaureate and graduate schools of nursing. The nonlinear method of dialectical hermeneutics was the methodology employed to generate the themes that emerged from the data. The themes that evolved

from this study are consistent with Maslow's (1970) hierarchy of needs theory, the theoretical model for this study. They support the use of this model to guide the exploration of the external and internal forces which have influenced the career paths (professional development) of the nine women in the study. These emerging themes provide the framework for the analytical interpretations evolving from the study.

I. Perceptions of underpreparation

A significant challenge to the participants' perception of competency as nurse educators was overcoming a sense of being inadequately prepared to teach as novice educators. This expressed need was viewed as basic to role development and professional identity.

Bachman and her cohorts' (1992) study of the learning needs of nurse educators suggests that nurse educators have a variety of learning needs that are vital to the fulfillment of the nurse educator role. Their findings support the most recent nursing literature reports that many novice faculty are not educationally prepared to assume the faculty role in academe (Davis, et al., 1992/1994; Princeton, 1992). A majority of master's and doctoral programs in nursing do not systematically include in their curricular offerings adequate content which prepares the graduate student to merge the service/practice role with the functional teacher role. This deficit creates a challenge

for nurse educators to find other ways to resolve unmet learning needs in order to successfully implement the nurse educator role. Continuing education programs specifically designed for nurse educators are viable options to help ameliorate this problematic area for individuals who seek to make the transition from practitioner to nurse educator. Bachman and her researchers' findings lend additional credibility to Urbano and Irvin's (1988) analysis of Maslow's hierarchy of needs theory in explaining the significance of continuing education to assure quality nursing practice. It may therefore be argued that a critical bridge to the delivery of quality in nursing practice is the delivery of quality in nursing education.

The participants describe a variety of strategies which they employed as beginning teachers to meet the challenged need to develop the teaching role. Most learned more about that role through informal ways created by their own initiative and the innate drive to survive in academe. Another common avenue used by the participants to learn how to teach came from informal encounters with senior faculty members or administrators who assisted new faculty in developing the functional teaching role. Princeton (1991) commented that administrators are sometimes pressed to spend an inordinate amount of their time assisting new faculty with basic function teaching role issues.

Few of the participants, as novice teachers, described the experience of being involved in a mentoring relationship or a formal structured faculty development or orientation program to facilitate the necessary transition from the practice to the teaching discipline as well as the pivotal synthesis of the two roles.

To summarize, the experience of the participants as novice nurse educators points to tensions created by the need to be competent in the functional educator role and that need challenged by the perception of underpreparation for that role. The perceptions of underpreparation and subsequent need challenge was contributed to the following: (a) lack of formal teaching skills; (b) absence of a clear role identity; (c) deeply entrenched socialization to the practitioner's role and (d) inconsistencies as well as ambiguities in the social structure of the employing institution in helping beginning nurse faculty clarify the functional educator role.

Phase one in the professional development of these veteran nurse educators is described as meeting the basic need or need challenge to feel comfortable with the work of teaching. This basic need for comfort parallels what Maslow describes as the foundational need to survive.

II. Ever-changing role expectations

The struggle for a sense of affiliation with the university community and subsequent professional identity

emerged as another significant need challenge in the lives of the participants. The nine women described a convoluted career path replete with memorable adversities and barriers as they strived for professional respectability in academia. Hence, the ride on the street car named affiliation was one which required numerous stops and detours along the way. The route to affiliation, these women found, was crowded with ever-changing role expectations.

These seasoned nurse educators found only momentary security and comfort in having developed confidence and competence in executing their functional role as university teachers prepared at the master's level. Thus, the majority of the participants obtained the doctorate, the currently acceptable credential in academia, because it was considered as a means of meeting the real challenge to gain professional identity as well as professional respectability in the academy. However, the most troubling aspect of attaining professional respectability was meeting the role expectations of productive engagement in scholarly activities such as research, publication, and grant writing. For excellence in teaching, a stronghold for many years in the value system of nursing schools was, these women found, the least tangible measurement of one's value as a university faculty member.

One of the most striking differences in the level of professorial role development among the participants was the

perception of competence as researchers. With the exception of one participant, a lack of competence as a researcher was a recurring theme among them. The barriers the participants perceived to research productivity are similar to those that were cited in the literature, such as lack of confidence in research skills, lack of research abilities, and lack of time (Harrison & Kitchens, 1989). Dunkley (1990) found research skills as the area of greatest need for faculty development as perceived by the participants in his study. The need challenge for the majority of the participants was role development as researcher. Often cited as barriers to a more fruitful development of this role were lack of mentors or the availability of an on-site research facilitator or expert.

A significant contribution to career development often mentioned in nursing literature is the mentor-protege relationship. A mentor relationship is regarded as critical for the development of a community of scholars (Taylor, 1992, p. 48). Mentorship facilitates the socialization process by assisting an individual with role development. Taylor found only a few formal structured programs that were established specifically to cultivate a mentor-protege relationship in her study. Given the growing pressures for nursing faculty to meet the same standards for professorial advancement, mentorship, then, becomes an important ally in

shaping the role development of the nurse educator and ultimate success in her career development.

The challenge for nursing faculty and administrators, as echoed in the nine women's stories, where teaching has been the banner-waving activity of the faculty, is to develop and maintain research as an integral part of the academic scene. Only a few of the participants acknowledged that their deans as playing an active role in supporting and cultivating their research endeavors by, for example, reducing teaching load or encouraging faculty to set aside designated time in their work week for research activities. The unwritten code tended to be, "You make your own time."

While the meaning of obtaining the doctorate spelled, at best, a superficial sense of professional identity for these women, a lack of any glowing paper trails in research and writing among the majority proved to be workplace obstacles. Such limitations inhibited the more tangible measurements of successful career development: promotion and tenure. Approximately half of the participants were tenured, three-fourths were ranked as assistant professors. None were full professors. A common scenario among nursing faculty is that most hold assistant professorships and are untenured (NLN, 1993).

A persistent need challenge for these participants, many with long years of service to the university, was getting past the academic advancement barrier caused by the

research and "publish or perish" litany. A recurring theme echoed by them was getting their voices heard amid the roar of the lions' voices of the academic pacesetters whose traditional tenets of academic legitimacy are recognized as the established ways of knowing. As relative newcomers to the academic conversation, nursing faculty members have been faced with the arduous task of trying to articulate the value of their differing ways of knowing to the established proprietors of academia. As a practice discipline, much of what nursing educators are expected to do is to teach. Preparation of the next generation of nurses is an awesome responsibility. Unlike many other disciplines, a majority of the instruction takes place in the clinical setting, not in the traditional classroom. As these women related and experienced in their lives, nurse educators demonstrate other ways of knowing, for example, through service to the community. This service may run the gamut of organizing and setting up community-based nursing health centers for specific populations in need of such services to managing a faculty practice in one's own specialty area.

Women have long been socialized to serve and to nurture human kind. Yet these characteristics, as noble as they are, are not valued as worthy to receive this same recognition as traditional male-driven, work-oriented tasks. Positivistic research and characteristics such as aggressiveness, competitiveness, control and power are more

fully recognized in the current hierarchical structure (Carter, 1994; Gray, 1982; Watson, 1990).

Furthermore, because nursing is viewed as women's work and because educators, the majority of whom are women, instruct about women's work, an entrenched way of thinking about women's work still prevails in the male-dominated university. A disconcerting concern for the majority of the women in the study is surmounting this workplace obstacle. For these women, who have demonstrated exemplary models in the practice and teaching of nursing, the recognition of oppression has, it appears, placed them on the leading edge of self-actualization in terms of professional development.

Symanski (1993) addressing this career path dilemma for nurse educators offers some practical strategies for faculty who meet departmental standards for promotion and tenure to employ in managing adversarial issues connected with the process. Her comments and advice to faculty on how to overcome barriers and negative decisions at various stages of the review process are predicated on the difficulties nursing service and nursing education encounter in articulating what the practice discipline of nursing encompasses to not only non-nurses, but also among themselves.

It is not uncommon for nursing faculty to encounter road blocks to their career development, i.e. tenure and promotion in their own peer or administrative reviews. This

experience was shared by the few participants with the rank of associate professor. A common concern and source of anxiety for these faculty members was that no matter how strong their dossiers for the candidacy for full professors, their cases would not likely receive enough support to get out of the school. It is conceivable that local decision makers (deans, chairpersons), caught up in the conceptual trap of patriarchy (Gray, 1982), are operating on the hierarchial social-constructed realities of the male voice when responding to career development decisions. As Gray (1982) suggested, it is by no means coincidental that this conceptual trap, patriarchy, which posits the male voice as the human norm is the pervasive consciousness in every academic discipline.

Put another way, the idea that "Father knows best" as the accepted norm of human kind is nothing new. There is a place in academe, as there is in other societal institutions, for a synthesis of the male-female voice. And because schools (higher education) are said to represent a microcosm of society, it seems only fitting that the right place to begin to dismantle long-held myths about male-female gender issues is in our seats of higher learning. That one male voice in the academy (a vice chancellor) related to one of the participants (female voice) that "There is something wrong with a system which fails to promote eligible faculty members," points to the one example

of the possibilities of demystifying patriarchy as a conceptual trap. The participants' views regarding their dilemma are echoed in the message of feminist studies (Belensky et al., 1986; Gilligan, 1979; Gray, 1982) which call for women, who tend to undervalue themselves and their worth to lift their voices in pride and joy in terms of who they are and potential to become. The nurse educator who manages to get a promotion document past the nursing department, as Symanski points out, must face other decision makers at higher levels who most likely will be non-nurses with backgrounds that are unfamiliar with the various aspects of scholarship and teaching in the discipline of nursing. Thus, getting past the roadblocks of the traditional male voice's authority on the truth and beauty of knowledge in the academy remains an unresolved issue for these nine women who chose to persist and prevail in their careers as nurse educators.

Perhaps nursing, together with other fields such as education and social work, which assert an ethic of caring (Neil & Watts, 1991); Kurtz & Wang, 1991), should assume a stronger voice in the conversation about the values promoted by the university. For example, nursing education should articulate the value of variation in teaching, community service, and alternative forms of research or scholarly productivity that are unique to the discipline.

While caring is often equated with women and nursing and therefore historically associated with values that foster humility and compliance, caring as Greene (1990) suggests ought to be "vital, assertive, immodest, and sometimes (for good reason) indignant" (p. 37). Thus, caring as a dynamic, humanistic experience needs to be acknowledged as an ethical imperative in education (Leninger & Watson, 1990). Nurse educators stand on the leading edge as spokespersons of the caring ethic in the academy.

A continuing source of need challenge acknowledged by the participants was the development of the research role without compromising the teacher's role in the classroom. Lowery (1991) believes that it is important to have classroom teachers who are doing research, and the need to keep researchers in the classroom, as integral dimensions of the nurse educator who is self-actualized to her professional role. It was clear that the participants were at various developmental levels in executing the researcher role. Davis and Williams (1985) offered the following explanations regarding these differences:

Faculty in phase one value the teaching role exclusively. Consequently they lack research skills and have no criteria by which to evaluate scholarly productivity...

In phase two, faculty...still place priority on the teaching role...they may have acquired certain skills, but they do not apply these skills to the researcher role.

Faculty...in the third phase of development are able to engage in the research role in a limited way ... their own scholarly productivity is limited to reviews and reports of their own experience.

When faculty has become fully functional within the researcher role, they are able to assume simultaneously several roles in producing scholarly works. These faculty consistently seek out an active research role and are able contribute significantly to the generation and application of new knowledge (p. 24).

A majority of the participants fell somewhere between phases one and three with most between one and two. Only two were at phase four. The participants' accounts of their struggle with meeting the expectation for active research involvement varied and were consistent with findings in the literature previously cited such as, workload issues, limited access to a research facilitator, or a mentor-protégé relationship. Thus, the ambiguities and complexities of nursing faculty role development were indicated among the participants as sources of role strain. This was particularly the case with regard to faculty workload issues. As Conway (1992) elaborated, efforts for research are diluted because teaching loads for nurse faculty, in general, are heavier than for faculty in other disciplines.

High up on the "wish list" among the nine participants as they continue to deal with the unsettled issues surrounding ever-changing role expectations is being empowered to utilize and be rewarded for their stronger

talents. For example, if nurse educator A is much stronger in research skills than she is in teaching, grant her the freedom to utilize these skills more intensely without being penalized for her weaker talent in teaching. "Why should a faculty member be expected to be equally strong in all areas of the trivium to qualify for the top rewards of the professoriate?" these women ask. It would appear that a lesson to be learned by the architects of the trivium is internalization of women's way of knowing about collectiveness and collaboration, rather than isolation. In other words, women have long been socialized to share in the strengths and limitations of significant others. Put another way, the whole is no greater than the sum of its parts. Given this perspective then, the response to the question asked by the participants is, as one participant quipped, "the idea is ridiculous."

Black faculty members in the study had some of the same experiences related to meeting need challenges and issues focusing on role development and professional identity. However, the minority experience as a black faculty member on a predominately white campus intensified the struggle to achieve success in the academy. Minority representation in higher education in nursing is scarce in contemporary academe. This scarcity is reflected as well in the at-large university community (NLN, 1991, p. 23).

The experiences disclosed by the black participants are substantiated in Campbell and Sigsby's (1994) report on minorities in higher education in nursing. As echoed in the voices of the black participants, much of the responsibilities such as recruitment and advisement efforts weigh heavily on their shoulders. As the authors pointed out, because of their sparse numbers, department heads tend to direct anything "minority" to the minority faculty members. The caveat is that black faculty members may become so engrossed in serving the needs of minority students that other matters related to the faculty role such as research and publication activities, which have become increasingly critical for advancement, may go lacking. Black faculty participants reported their numbers as few in the nursing programs where they were employed as teachers. As the study finding suggests, the Catch-22 with current and future minority recruitment efforts is the continuing shrinking pool of minorities in undergraduate and graduate education. The strong evidence of a shrinking pool of undergraduates and graduate minorities has significant impact on minority representation in higher education (Snyder & Bunkers, 1994, pp. 140-141).

Mentoring has been recommended as a viable strategy to increase minority enrollment in higher education at the graduate level. As Campbell and Sigsby (1994) suggested, faculty who mentor tend to select students of similar

culture and background. It is fair to conclude then, that underselection of minority students in higher education as proteges may lead to a shrinking pool of minority faculty. These researchers endorse the use of minority faculty members as consultants to help improve the academic environment for minority students and faculty in predominately white schools of nursing. The role of the minority faculty member as consultant is to help educate majority faculty about the problems minority students and faculty face in predominately white schools of nursing. Campbell and Sigsby's recommendations are consistent with the experience shared by one of the black participants who serves as an internal consultant for her nursing program.

In summary, these nine teachers of nursing have, over the past two decades, experienced some unsettling changes in the role expectation of the nurse educator. The arduous task for them has been conforming to the standards of the traditional academic model, which in a number of ways has been antithetical to the way nurses (and women) have been socialized to negotiate the hierarchial work place. The human experience and the human cost in terms of personal and professional sacrifices have been overwhelming; yet, these exemplary models of nursing education have somehow managed to persist and prevail in the academy.

Thus, phase two in the professional development of the participants is described as meeting a triage of needs or

need challenges in order to accommodate the ever-changing expectations of the professoriate. The phases of development required to accomplish a sense of security and affiliation have been identified through the processes of socialization to the faculty role. Understanding the process of socialization to the faculty role involves identifying and clarifying the complex and multi-dimensional roles of the nurse educator. The quest for a true sense of professional identity which parallels Maslow's self-esteem needs and self-actualization remains an ongoing struggle for the participants.

One must be wary of explaining role identity wholly in terms of institutional and group social forces. It is possible that a part of role conflict lies within the individual psychological patterns of the participants themselves. Individual temperament surely influences adjustment; and women who hold strongly to an ethic of caring may encounter role strain in hierarchical organizations (Keirse & Bates, 1984). In essence, these women present varying levels of professional behaviors as university faculty members. The apparent tensions created by the unmet need challenge for professional identity as described by the participants in the study calls for an examination of career path issues influencing the professional development and ultimate self-actualization of nurse educators in higher education.

III. Facilitating the career paths of the nurse
professoriate.

Hearing the accounts of these nine exemplary nurse educators has generated several controversial issues surrounding the professional development of the nurse professoriate. One ongoing debate among nurse scholars is the role of graduate education in preparing nurses who choose nursing education as their career path. The current curriculum in the master's program focuses primarily on clinical specialization, a trend which has not changed dramatically since its inception some 25 years ago (Kitchens, 1984; Princeton, 1992). Nurses who are educated in such programs present themselves at the door of academic employers heavily equipped to function as clinical experts, but poorly equipped to function as teachers. Neither master's programs, nor doctoral programs, nursing scholars agree, prepare nurse faculty adequately for teaching roles. As Princeton (1992) pointed out, the socialization of faculty into academe becomes a difficult task. A majority of the participants in the study accepted their first teaching appointments educated as nurse clinicians prepared at the master's level. By their own accounts, a major source of stress and strain for them was learning how to assume the functional role of a university professor.

It seems then, that nurse scholars have failed to take their own advice about how to best educate nurses to teach

nursing. Nursing literature has addressed over the years the importance of role socialization for novice faculty (Conway, 1992, Conway & Glass, 1978; Davis et al., 1993; Fitzpatrick, 1991; Mauksch, 1982). Princeton, in her discussion of "The teacher crisis in nursing education revisited," raises two challenging questions regarding the issue of graduate education in nursing.

Consequently, the question is asked whether it would be more cost-effective for nursing schools to educate teachers of nursing than to expend human materials and financial resources with on-the-job teacher training that, at best, is a hit-and-miss solution to a severe underlying problem in nursing. Most important, the question needs to be asked about which method of teacher preparation most benefits students. (p. 35)

Davis et al. (1994) offer an apparent practical solution to Princeton's challenge regarding the crisis in teacher education. Davis and her cohorts (1994) call for sweeping innovative curriculum revisions to correct what they characterize as a curricular shift in which the nursing profession has created its own teacher deficit (p. 141). They recommend that graduate programs combine and merge the clinical specialty and nursing education components of the curriculum. By doing so, curriculum outcome objectives would produce a marketable graduate who has been prepared and socialized to assume the tripartite role of university nurse faculty at the entry level (p. 142). As these writers conclude, and I agree, one must call into question the human

and financial cost effectiveness resulting from the continuing practice of graduate programs to produce graduates who feel ill-prepared for the nurse educator role, require special compensation in their first jobs, and require preparation through continuing education and additional course work (p. 143).

Some critics, on the other hand, argue that graduate programs should not be expected to provide all of the preparation for nurse educators. Fitzpatrick (1991), for example, believed that employees should also bear some of the responsibility for preparing nurse educators for their roles, reasoning that graduate programs, like undergraduate programs in nursing, cannot "do it all" with respect to the ideal "finished product" (p. 173).

To summarize, graduate education has played a limited role in the preparation and socialization of the participants in this study to function at the entry level of the tripartite nurse faculty role. This trend continues in contemporary graduate education with many nurses accepting faculty positions, in master's or doctoral programs, limited in their knowledge of the competencies required of a university or college faculty member (Davis et al., 1994). Much of their socialization has occurred primarily on the job with the nurse educator encountering and having to surmount numerous road blocks along the career path of upward mobility in academe. Continuing education, as a

component of faculty development has been cited as the most popular tool utilized by these nurse educators in the study to acquire the competencies necessary to execute their roles successfully. Gilchrist's (1984) research addresses the continuing educational needs of nurse educators. The outcome of her research led to the design of a staff development program to meet the special needs of teachers in a school of nursing. None of my participants mentioned having access to a similar comprehensive staff development program in their schools which addressed their special needs.

Conclusion

To summarize, I have learned from the histories of the nine women in this study that persistence and perseverance have been the major personal qualities influencing their accomplishments and degrees of success as academicians. These veteran teachers of nursing education were able to describe the experiences that contributed to their competencies as teachers. They were also able to describe professional development as nurse educators and practitioners and how professional development has been influenced by changing expectations of college or university nursing faculty members during the period of their faculty service. Having analyzed the participants' responses and related these responses to nursing literature and interpreted their stories in relation to Maslow's hierarchy

of needs, I am prepared to offer implications and recommendations growing out of this research.

Implications/Recommendations

Before discussing the implications of the study, it would be helpful to comment on the usefulness of the models adapted from Maslow presented in Chapter I. The adaptations of Maslow's framework were useful in describing the individuals' psychosocial adjustments to changing conditions in the workplace. However, this framework did not seem to be as helpful in describing the external and structural forces in the university that might have affected individual career development. It may be that Maslow's model, which emphasizes individual perceptions of psychosocial development so strongly, was not appropriate for the analyses of the larger institutional, social, and political issues uncovered in the study.

The findings of the study of the lived experiences of exemplary veteran nurse educators in university settings suggest important directions for the career development and upward mobility of contemporary and future nurse educators. Curriculum planners of graduate programs need to rethink and redefine what the role of graduate programs should be and how to best facilitate the role development of the graduate reflecting the best of two worlds: an exemplary nurse practitioner and an exemplary nurse teacher. Nursing scholars have yet to come together with a unified voice that

clearly defines an effective curriculum model for preparing nurse educators to assume the role of the professoriate at the entry level. Until this condition is met, nursing education will continue its ineffective approach towards facilitating successful professional role development among its ranks. Ironically, the continuing debate regarding the basic educational preparation for entry level into the practice of nursing itself continues to haunt the image of nursing as a legitimate profession.

Faculty development programs under the aegis of the employers of nurse educators need to be structured into (a) formal orientation programs for new faculty; and, (b) on-going, in-service programs to enhance the continuing professional development of faculty. A particularly critical time for the novice nurse educator is the first two years as a college or university professor. An established mentor program should therefore be in place either guided by an all university program or within the nursing education unit.

Additionally, the first two years for the new faculty member should be planned similarly like a two-year residency program planned in the educational experience of physicians in the practice of medicine. A master teacher would serve as the nurse-faculty member in residence mentor. A two-year residency program would serve as an extension of the educational preparation and socialization the nurse educator

obtained in graduate school. A short-term goal of the residency program would be to provide more intense and in-depth role preparation for the professoriate. A long-term goal would be the recruitment and retention of competent nursing faculty in academe. Researchers suggest numerous conditions which deter faculty from success in their careers. In a number of cases, these untoward circumstances are attributed to faculty attrition rates and turnover. Conditions most often cited include job-related stress triggered by the inability to meet professional needs (Hinds, et al., 1985; Locasto & Kochanek, 1989); burnout related to role overload and inadequate social support (Fong, 1990); dean leadership styles (Donohoe, 1986); perceptions of powerlessness (Hinds, et al., 1985) and dissatisfaction with the job (Marriner & Craig, 1983). Residence programs undertaken before actual employment as a faculty member might be a humane and practical alternative.

Judging by the accounts of the participants and supporting nursing literature, there is evidence that nursing and nursing education are ready for an infusion of revolutionary reform which will have significant implications regarding the way graduate nursing students are prepared as teachers of nursing. It is likely that such reform will occur at some point within the next decade. For new paradigms in nursing education must necessarily emerge as this nation comes to terms with changing health care

reforms. Thus, the issue of how nurse educators are prepared to teach has far-reaching implications in the restructuring of the health care delivery systems.

Specific Recommendations

In view of the dynamic social, political, and legislative forces impinging on all levels of our health care delivery systems, a meeting of the minds of the three voices which are so pivotal in the career development of nurse educators is crucial:

(a) Professional Organizations

Professional organizations such as the National League of Nursing and the American Nurses' Association should review their standards for defining the educational preparation of nurse clinicians and nurse educators. Currently, the major focus at the master's level is preparing clinical specialists. A modification in curriculum focus (emphasis) is necessary to extend the focus to preparing nurse educators with advance degrees as well. Further, there needs to be a common accord, that the professional degree for the nurse educator is the doctoral degree for the professoriate.

(b) Curriculum Planners of Graduate Education

Curriculum planners of graduate education need to incorporate curriculum innovations and revisions at the master's level as they prepare and begin to socialize the nurse educator. The master's level, in essence should

closely parallel the internship model used in the practice of medicine. The doctoral degree, with its traditional emphasis on research, should be the only acceptable professional degree for teachers of nurses in the academy.

(c) Administrative/Academic Leaders

An academic climate that supports the continuing professional role development of faculty members is vital. It has been well documented in the literature that administrative support must be made available to nursing faculty because it is crucial to their career development. An example of appropriate support would be a structured mentor-protege program for novice faculty. Another example would be evidence of attention to issues influencing faculty attrition and retention rates so that qualified faculty are recruited and retained.

Another special responsibility of administrative academic leaders, including nursing education faculty, is early identification of a talent pool of potential nurse educators which should begin at the undergraduate level. These academically gifted students selected as nursing fellows, should receive academic scholarships and stipends as incentives to become teachers of nursing. Faculty mentors would serve as counselors, advisors, role models. The intended outcomes of early identification and recruitment of academically gifted nursing undergraduates are to stimulate an interest in and commitment to teach

nursing and to initiate the career path to the professoriate. The ultimate goals are to increase the numbers and quality of nurse teachers. Nursing critics have for sometime now, predicted a significant shortfall among doctorally prepared nursing faculty by the year 2000, despite the increasing numbers of applicants to doctoral programs. Additionally, retention trends, retirements and resignations are expected to exacerbate these trends. Moreover, early indicators of faculty shortages on many university campuses are already evident (Ryan & Irvin, 1994).

The Researcher's Perspective Revisited

The fate of nursing as a profession depends deeply on the fate of nursing in higher education. The need for more well-prepared nursing faculty has been documented in nursing literature. At a time when more nurses are obtaining doctoral degrees, a significant number are considering career choices other than the functional teaching role. Observers of trends in graduate education are declaring a teacher crisis in nursing education. Moreover, the struggle for professional identity among the ranks of the academy continues to be a nagging problem for the nurse professoriate. With ever-changing expectations, nurse educators must assume more accountability and responsibility for their own professional role development and status in the academic community. Collective and collaborative

strategies are necessary to overcome the view of nurses (and nurse educators) as an oppressed group. Thus, self-determination and risk-taking strategies are needed to articulate and change the academic mindset of the power brokers in the academy about the image of nursing. As stakeholders--lest we forget--the good of nursing, in particular, and society, in general, is at stake.

As trailblazers among the ranks of nurse educators who survived and succeeded in the academy by a series of remarkable and uniquely creative solutions, these nine outstanding veteran nurse educators provided us a window of their lived world. A view from this window has taught us about their ways of knowing about the essence of teaching as university professors. Deeply imbedded in their stories are messages of hope, faith, caring, and love of human kind. In nursing education, as in nursing practice, this humanistic paradigm prevails.

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APPENDIX A

Interview Guide

INTERVIEW GUIDE

The following questions were drawn from the conceptual model adapted from Maslow's Hierarchy of Needs Model.

Introduction: You have been nominated because you are seen as an exemplary model in nursing education.

1. What motivated you to become a nurse educator?
2. What was it like when you accepted your first teaching experience? What is it like now?
3. Describe for me your perception of a competent nurse educator.
4. What elements in the organizational climate do you perceive were a help or hinderance to your becoming socialized to the nurse educator role?
5. What elements in the organizational climate do you perceive as supportive or nonsupportive to your becoming professionalized as a nurse educator?
6. What is a day like in the life of a nurse educator?
 - a. What tires you?
 - b. What exhilarates you?
 - c. What is most difficult or demanding?
7. What would you describe as your personal and professional strengths as a nurse educator? Your weaknesses?
8. What do you view as the critical issues in nursing education? What impact has these issues had on your professional growth and development?
9. Tell me about your formal/informal preparation (educational background) to teach nursing students?
 - a. What elements of your program do you believe helped you most in the functional teaching (pedagogical) aspects of teaching? What elements were least helpful?

- b. What element of your program do you believe helped you most with preparing you for effective clinical teaching skills. What elements were least helpful?
10. What is your vision for nursing education in the future? Where do you see yourself in the picture?

APPENDIX B

Crosswalk between Research Questions and Interview Questions

CROSSWALK BETWEEN RESEARCH QUESTIONS AND INTERVIEW QUESTIONS

RESEARCH QUESTIONS	INTERVIEW QUESTIONS
1. What lived experiences do exemplary veteran teachers of nursing describe as contributing to their competencies and persistence as teachers?	1. What motivated you to become a nurse educator? 2. What was it like when you accepted your first teaching experience? 3. Describe for me your perception of a competent nurse educator. 6. What is a day like in the life of a nurse educator? a. What tires you? b. What exhilarates you? c. What is most difficult or demanding? 9. Tell me about your formal/informal preparation (educational background) to teach nursing students. a. What elements of your program do you believe helped you most in the functional (pedagogical) aspects of teaching? What elements were least helpful? b. What element of your program do you believe helped you most with preparing you for effective clinical teaching skills? What elements were least helpful?

2. What lived experiences do exemplary veteran teachers of nursing describe as contributing to their professional development as nurse educators?
3. What impact have the changing expectations associated with nursing education in the college or university had on the personal and professional development of exemplary veteran nurse educators?
4. What elements in the organizational climate do you perceive were a help or hindrance to your becoming socialized to the nurse educator role?
5. What elements in the organizational climate do you perceive as supportive or non-supportive to your becoming professionalized as a nurse educator?
7. What would you describe as your personal and professional strengths as a nurse educator? Your weaknesses?
4. What elements in the organizational climate do you perceive were a help or hindrance to your becoming socialized to the nurse educator role?
5. What elements in the organizational climate do you perceive as supportive or non-supportive to your becoming professionalized as a nurse educator?
8. What do you view as the critical issues in nursing education? What impact has these issues had on your professional growth and development?
10. What is your vision for nursing education in the future? Where do you see yourself in the picture?

APPENDIX C
Human Subjects Consent Form
Oral Presentation

HUMAN SUBJECTS CONSENT FORM

ORAL PRESENTATION

You have been nominated because you are seen as an exemplary model in nursing education. I have designed a study to describe the perceptions and meanings held by veteran nurse educators about personal and professional development in baccalaureate and graduate nursing programs. A possible benefit of the study is the development of a theoretical formulation which explains how the nurse as a practitioner makes the transition to the nurse as an educator in university settings. There are no foreseeable physical risks or discomforts. Given the potential psychological risks, such as violation of trust or confidentiality, names of participating schools of nursing and faculty will not be disclosed in any report of the research. Data will be pooled for analysis and all tapes used during the interview sessions will be either destroyed or erased to assure confidentiality. Also, you will have the right to either correct any information that is erroneous or to have any direct quotations removed which you feel may be obviously attributed to you after you have received the transcript of the interview.

The interviews will last for approximately 90 minutes. You have the right to ask questions and the right to withdraw from the study without penalty.

Do you agree (consent) that the interviews may be tape recorded?

Signature of Person Obtaining Consent
on Behalf of UNCG

Date

NOTE: Complete statement of what is to be said to subject
is required.

SHORTFRM
1/90

2

APPENDIX D

Composite Biographical Data Chart of Participants

COMPOSITE BIOGRAPHICAL DATA CHART OF PARTICIPANTS

1. Program Where Presently Employed
 - 1.1 Comprehensive 4
 - 1.2 Doctoral Granting 4
 - 1.3 Research University 1
2. Nursing Professional Education Experience
 - 2.1 Number of Years Teaching in the University

10-15 years	<u>3</u>
16-20 years	<u>2</u>
21-25 years	<u>1</u>
26-30 years	<u>3</u>
3. Age

30-35	<u>0</u>	46-50	<u>3</u>
36-40	<u>1</u>	51-55	<u>2</u>
41-45	<u>2</u>	56-60	<u>1</u>
4. Rank

Instructor	<u>0</u>
Assistant Professor	<u>5</u>
Associate Professor	<u>4</u>
Professor	<u>0</u>
5. Tenured 5 Untenured 4
6. Highest Level of Degree Attained

Master's Degree (Non-Nursing)	<u>0</u>
Master's Degree (Nursing)	<u>1</u>
Doctoral Degree (Non-Nursing)	<u>6</u>
Doctoral Degree (Nursing)	<u>2</u>
7. Year Doctoral Degree Attained

1980 - 1985	<u>2</u>
1986 - 1990	<u>4</u>
1991 - 1994	<u>2</u>
8. Family Composition:

Single	<u>1</u>	Married	<u>7</u>	Divorced	<u>1</u>
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Number of Children:

(2)	<u>0</u>	Age range of children: 2 - 41
(2)	<u>1</u>	
(3)	<u>2</u>	
(1)	<u>3</u>	
(1)	<u>6</u>	

APPENDIX E

Letter to Deans/Chairpersons Requesting
Selection of Participants

Letter to Deans/Chairpersons Requesting
Selection of Participants

Janice F. Coleman, RN, MSN
2033 Lincoln Avenue
Winston-Salem, NC 27105

June 26, 1991

Dear _____:

I am a doctoral candidate in Education at the University of North Carolina at Greensboro. I am presently in the data collection phase of dissertation research. In preparation for this phase, I am soliciting your participation and that of your faculty in a qualitative study to describe the process by which exemplary veteran nurse educators have grown and developed personally and professionally in the face of competing demands associated with teaching in university settings.

Your participation would involve the recommendation of faculty members who meet the following criteria:

- 1) The faculty member is a female who has taught ten or more years.
- 2) The faculty member has earned a doctoral degree within the past five years or is currently working towards a doctoral degree.
- 3) The faculty member has been the recipient of an award which recognizes exemplary or distinguished teaching or, the faculty member's evaluation of teaching performance (by administrators, students, and/or colleagues) has received over-all superior ratings.

Once I receive the names of the faculty members you recommend; their home addresses and telephone numbers, I will contact the faculty members and invite them to participate in the study which will involve face-to-face interviews.

APPENDIX F
Confirmation Letter

Confirmation Letter

August 5, 1991

Dear _____:

Again, thank you for agreeing to participate in my study. The date and time scheduled for the interview is August 12, 1991 at 1:00 pm in your office-Room 315. I am enclosing three key questions which I would like for you to think about prior to our meeting and a biographical data sheet which I am asking you to complete and have with you at the interview session. I am looking forward to our meeting and the sharing of your experience as an exemplary veteran nurse educator.

Sincerely,

Janice F. Coleman, RN, MSN

Enclosures
Questions
Biographical data sheet

SAMPLE INTERVIEW QUESTIONS

1. What motivated you to become a nurse educator?
2. What is a day like in the life of a nurse educator?
 - a. What tires you?
 - b. What exhilarates you?
 - c. What is most difficult or demanding?
3. Describe for me your perception of a competent nurse educator.

BIOGRAPHICAL DATA SHEET

Please complete the following BIOGRAPHICAL DATA:

Age: ____

Race: ____

Lifestyle Status: ____ Single
____ Widowed

____ Married
____ Separated
____ Divorced

A. Number of Children ____
and their ages ____

Highest Level of Education Completed

Year Completed

____ Master's Degree (Other than nursing)
____ Master's Degree (Nursing)
____ Doctoral Degree (Other than Nursing)
____ Doctoral Degree (Nursing)

Rank: ____ Instructor
____ Assistant Professor
____ Associate Professor
____ Professor

Tenured ____ Untenured ____

Number of Years Employed as a Nurse Educator ____

Employment Status: ____ Full-time ____ Part-time